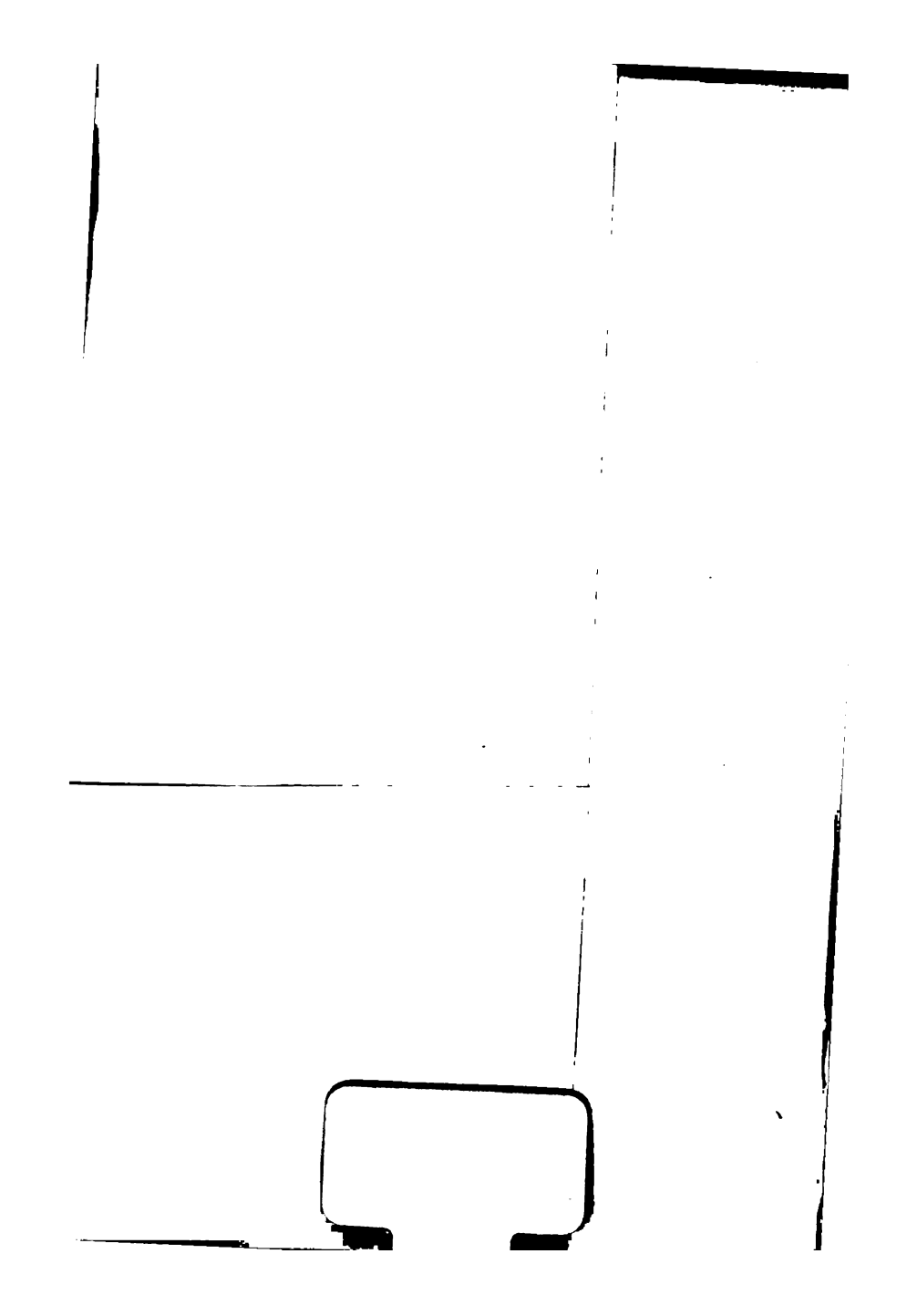
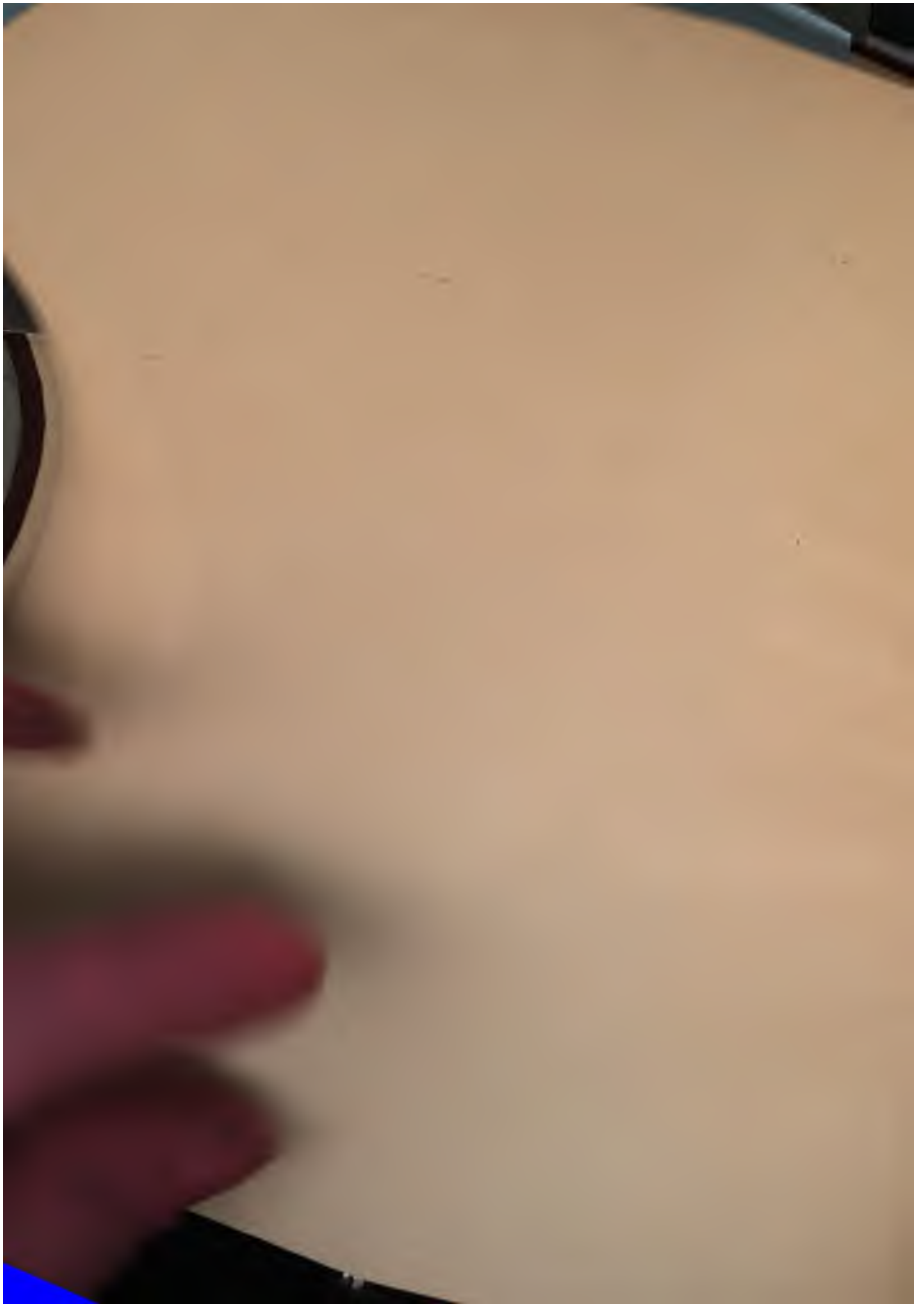




ne

AL

-D

ERRATA.

Page 26, fifth line from end of note, for 95 read 97.

Page 29, sixteenth line from end of note, for 96, 97, 98 read 94, 95, 96.

Page 59, at end of note, for *footnote on page 94*, read *footnote ‡ on page 96.*

Page 70. A dotted line should connect "The whole of materia medica pura" with "Homœopathy," just as a dotted line connects part of the *science* side of the table with "Rational practice" on the *art* side.

Page 79, in note, for *footnote on pages 94 and 95* read *footnote ‡ on page 96.*

Principles of Medicine

DESIGNED FOR USE AS A TEXT-BOOK IN MEDICAL COLLEGES, AND FOR CONSIDERATION BY PRACTITIONERS GENERALLY

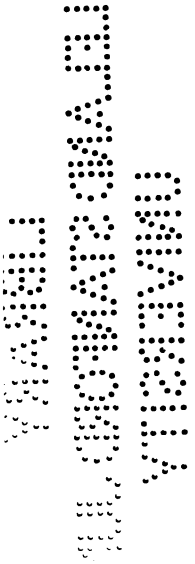
BY

CHARLES S. MACK, M. D.,

ONE OF THE PROFESSORS OF MATERIA MEDICA AND THERAPEUTICS IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

Recently Professor of Materia Medica and Therapeutics in the Homœopathic Medical College in the University of Michigan, at Ann Arbor.

CHICAGO:
THE W. T. KEENER COMPANY
1897.



PREFACE.

The object of this book is to show just what is the cure sought in any given practice of homœopathy—to show that that cure cannot be intelligently attempted excepting under guidance of *similia similibus curantur* as law, and to show that one may consistently accept homœopathy and at the same time accept whatever else is good in medicine. Definition of the end sought in any given practice of homœopathy is here recognized as essential to the most satisfactory exposition of homœopathy's claim; such definition occurs and recurs throughout the book, and is never lost sight of.

Rational practice is here defined, and something is shown of wherein lies its strength, and wherein lie its limitations.

Empiricism is discussed: wherein lies its essential feebleness is shown, while at the same time

reason is given for believing that we can never entirely outgrow the practice of empiricism.

Numbers I, II and IX of the contents are revised from *Philosophy in Homœopathy.* In that book, as in its predecessor *Similia Similibus Curantur?*, something was offered as positive argument in favor of Homœopathy, but it is here omitted, because based upon premises which can not be assumed or, with propriety, discussed in the class-room of a medical college,—and as a text-book in the colleges this present book is intended. The only argument here offered in favor of homœopathy is one by exclusion.

It is hoped that *Principles of Medicine* will prove of interest to practitioners as well as to undergraduates.

CONTENTS.

I.

IS HOMŒOPATHY EXCLUSIVE?

EXTRACT FROM A LETTER TO A PHYSICIAN.

I.

IS HOMŒOPATHY EXCLUSIVE?

[Extract from a Letter to a Physician.]

Dr. *Blank* held in his paper, as I understood him, that homœopathists should not bar out treatment which is useful though not homœopathic. I said that I most cordially sympathized with Dr. *Blank* in the position which he had taken. I said, moreover, that I was equally cordial in my sympathy with those who insist that there cannot possibly be any law of cure other than *similia*. I said, there is no inconsistency in the statement that I most cordially sympathize both with Dr. *Blank* and with those who lay stress on *similia's* being the only law of cure. The explanation of any apparent inconsistency here would be arrived at by accurately defining the word *cure*. Having thus defined *cure*, we should, I think,

be in a position to maintain that no treatment not homœopathic can be curative—that as a system of curative medicine homœopathy is exclusive; but it does not follow that there may not be indefinitely many principles (concerning which *similia* says nothing) upon which one can base useful, though not curative, treatment. Upon one or another such principle (concerning which *similia* says nothing) one proceeds when he gives morphine as an anodyne; when he gives iron or lime to supply a deficiency of that ingredient in blood or other tissue; or when with germicides or parasiticides he directly attacks germs or parasites which have been introduced from without into wounds or into the alimentary canal.

In some circumstances it may be equally feasible and equally useful either to cure your patient homœopathically or to relieve him by useful, though non-homœopathic and non-curative, treatment. To illustrate,* let us suppose that he is afflicted with an intestinal parasite, and let us suppose further that the parasite's continued presence depends upon some unhealthiness of the patient. If, guided by your patient's symptoms, you administer a homœopathic

* This is simply for the sake of illustration. I am not advocating homœopathic treatment as efficient against intestinal parasites. We could as well draw illustration from germ diseases. See pp. 17, 18 and 113 to 116 of this book.

remedy, and as a result of this he discharges the parasite, you will have cured your patient. If, on the other hand, you directly attack the parasite with parasiticides and kill it, your patient, relieved of the proximate cause of his illness, may recover. In the first instance you will have *treated your patient* and *cured* him; in the second instance you will not, in the same sense, have *treated your patient*—you will have directly attacked the parasite, and your patient will not have been, in the same sense, *cured*—he will have recovered; in either instance a result is that your patient, whereas he was ill, is well. This, of course, assumes that you have not with the parasiticide harmed your patient.

Many other illustrations might be given of the fact that a patient may become well as a result of non-curative treatment. On the other hand may not the result of curative treatment be something short of health? I may attempt to cure a patient with valvular disease of the heart, or with chronic nephritis, expecting never to see him well, but hoping to effect improvement which will in kind be cure.

All this suggests a sliding scale. Of two men who agree that *similia* is the only law of cure one may attempt homœpathic treatment in almost every case, while the other rarely attempts it.

II.

HOMŒOPATHY THE ONLY SYSTEM OF CURATIVE MEDICINE.

[Two Lectures delivered in the Homœopathic Medical College in the University of Michigan. Reprinted from the Medical Era for November, 1889.]

II.

HOMŒOPATHY THE ONLY SYSTEM OF CURATIVE MEDICINE.

I.

We enter to-day upon a course of study in materia medica and therapeutics. Before taking up the study of individual drugs, let us map out the field in which our work is to be done; and I ask your very particular attention to these introductory remarks, for I believe that an intelligent understanding of them will be of the greatest value to you as students in the various departments of medical science, as practitioners, and as supporters of homœopathy and whatever else is good in medical science and in the art of healing.

Similia similibus curantur is the law and the only possible law of cure—as a system of curative medicine homœopathy is exclusive; but there are various

principles (concerning which *similia* says nothing) upon which useful, though not curative, treatment may be based. I am careful to call *similia similibus curantur* a *law* and not a *rule*. Men make rules, but a law of nature is not man-made and exists in the very nature of things; such a law I believe *similia similibus curantur* to be.

To understand this statement—that as a system of curative medicine homœopathy is exclusive, but that there are various principles upon which useful, though not curative, treatment may be based—you must first know precisely what we mean by each of the words *homœopathy* and *cure*.

The word *homœopathy* (ὅμοιος, like, and πάθος, affection or morbid condition) by implication defines itself as simply a recognition of *similia similibus curantur* as law. Let us note, then, that the word *homœopathy* and the law which it recognizes have reference to the quality only and not to the quantity of a medicine.

We say that *similia* is the law and the only possible law of cure. What, then, do we mean by *cure?* By *cure* we mean such modification of the quality of vital processes and their effects that, whereas these processes and effects are abnormal, they shall become normal (or approximately so), and this as the immediate effect of the medicine used. A drug can

be curative only by reason of its dynamic effect upon the patient. Curative treatment is invariably a treatment of the *patient* and never a direct attack upon a proximate cause of disease. We shall presently return to this subject of homœopathy and cure. Let us now speak of some principles upon which we can base useful though non-curative treatment.

In our care of patients we should observe the principles of hygiene. These are alike applicable in the care of the sick and the care of the well. In directing what exercise a patient shall take and what clothing he shall wear, we are, of course, outside the field of medicine. There are, however, certain instances in which treatment is called medical, though based upon principles identical with those of hygiene. A simple instance of this kind is where the larvæ of intestinal parasites have been introduced in measly pork or other meat into the alimentary canal. It is the business of the hygienist to see that no such larvæ be introduced, and that in the proper cooking of meat any larvæ possibly present be killed before the meat is eaten. If, however, living larvæ have been introduced, and from them develop parasites whose presence in the alimentary canal is the occasion of their victim's illness, it is proper to directly attack those parasites by putting

into the patient's alimentary canal any substance which will destroy the parasites without harming the patient. This treatment we call medical, but it is based upon a principle identical with one of hygiene. In the supposed case you do not treat your patient at all; you directly attack a proximate cause of his illness, and when that cause is removed he will probably recover. This is one illustration of treatment which is useful, but not curative. It may be taken as typical of all instances in which it is feasible to directly attack parasites on the skin, in the skin or in any part of the body and destroy them without harming the patient.

After the foregoing remarks there is perhaps no occasion for making special mention, in this connection, of the germ theory of disease and practice based upon it. To immediately attack and destroy disease germs in an open wound or any place in the body without harming the patient may be useful, but is not curative, treatment. If, instead of bacteria, ptomaines becomes the direct object of our attack, we shall still be no nearer to curative treatment. Whatever progress may be made in practice on this line, it can never afford a system of curative treatment, which I think you will plainly see when we come to speak again of homœopathy and cure.

Let us take another example of treatment which we call medical, though it is based upon a principle identical with one of hygiene. If you examine the blood of an anæmic patient, and find that it contains less iron than does the blood of a person in health, it seems reasonable to supply that deficiency by having him take into his system more iron. If you regulate his diet so that he shall take food containing an unusual amount of iron, you will not think of calling any part of his food medicine; if, however, you give him iron in a pill, that you will call medicine. The deficiency of iron in the blood of an anæmic patient is an effect of abnormality in vital processes. To simply supply that deficiency will not render those processes normal, and to render them normal is a requisite to cure. We have given here an illustration of what may be useful, though not curative, treatment. Various other substances may be given as medicine upon this same principle, *i. e.*, to supply a deficiency resulting in tissues from abnormality in vital processes.* A use of iron distinct

* Drugs useful in some such way as this may be indefinitely many,—preparations of lime or phosphorus may be among them; quinine may be one, though it probably is not. [See H. C. Wood's *Therapeutics: its Principles and Practice*, ninth edition, p. 639.] A curative medicine in such circumstances would immediately so modify the quality of vital processes that the deficiency, which is an effect of abnormality in these processes, would not persist.

from the above may be where, by disease effects in an anæmic patient, it is indicated as homœopathic and curative.

Some substances which are used for the sake of their physical properties may be called medicine; as demulcent drinks. Possibly you would call protective salves and also lubricants, medicine. Obviously, none of these things are curative.

Certain substances are used as medicine for the sake of their chemical properties. If, as an effect of abnormality in vital processes, the gastric juice is too acid or not acid enough, you may, by putting into the stomach after meals an alkali or an acid, partially neutralize or else render more acid the juice, and thus help your patient. In neither case is the immediate object of the treatment mentioned to modify the quality of those vital processes to whose abnormality is due the variation from normal gastric juice. The treatment, therefore, is not curative, though it may be useful.

A word here in regard to stimulants pure and simple. Stimulants, as such, affect vital processes, both as to strength and as to rate or speed, but not as to *quality*. When these processes are weakened and threaten to entirely fail, you may, by stimulating them, bridge a patient over some critical period.

As stimulants do not immediately modify the *quality* of vital processes, they cannot be curative, though they may be immensely useful.*

We have now cited a number of instances illustrative of useful non-curative treatment: in none of them does the treatment immediately modify the quality of vital processes in the patient, and that it should do so is one of the requisites to cure. Let us again take up the subject of cure and inquire how it may be effected.

Cure involves a specified modification of vital processes. As these processes are in themselves unknowable to inductive science, we cannot affect them in a specified way unless under guidance of a law which states the relation between certain facts in themselves knowable.

It seems as if the knowable facts between which a law of cure would define the relation could not possibly be any other than, on the one hand, effects produced by the disease in question, and, on the

*If I correctly understand the action of alcohol and of digitalis upon the heart, the following will illustrate what I mean by a stimulant pure and simple. The heart-beats of a patient with pneumonia or typhoid fever may be affected as to strength and rate by alcohol, but not as to *quality*;—under the influence of alcohol the heart's action remains in *quality* that of pneumonia or typhoid fever and nothing else. Digitalis while affecting the strength and rate of heart-beats in such a patient affects also their *quality*. I take it that alcohol is a stimulant pure and simple, but that digitalis is not.

other hand, dynamic effects producible by an indicated drug or drugs taken in health.*

The reason for thinking that a law of cure would speak of drugs as dynamic agents is, that to immediately modify the quality of vital processes is a requisite to cure. The reason for thinking that only in *effects* do vital processes (as modified by disease or drug) afford the knowable data of which a law of cure would speak is that, while to directly deal with a proximate cause of disease is not curative, vital processes can be known to inductive science only in proximate causes and in effects.

Let us now inquire, What is the relation between unmodified disease effects and unmodified dynamic drug effects, which marks a drug as curative? Dr. J. P. Dake† has said that only four relations are conceivable in answer to this question, viz.:

"1. *The Antipathic* — Αντι-παθος — where the symptoms, or conditions indicated by them, are opposites; the relationship being one of *direct antagonism.*

* Dynamic properties in a drug are those by reason of which it acts immediately upon vital processes. Physical or chemical examination does not touch upon dynamic properties in a drug, any more than does such examination of an animal organ touch upon vital processes. On dynamic properties see Pereira's *Materia Medica and Therapeutics*, third American edition, vol. I, pp. 135 to 138.

† *Therapeutic Methods*, pp. 88, 89.

"2. *The Allopathic* — Αλλος-παθος — where the symptoms are different, the same organs and tissues being affected in a different manner, or other organs and tissues being affected in some manner; the relationship being one of *indefinite diversity.*

"3. *The Isopathic* — Ισος-παθος — where the symptoms are identical, the same organs and tissues being affected, and in exactly the same manner; the relationship being one of *sameness* or *identity.*

"4. *The Homœopathic* — Ὁμοιος-παθος — where the symptoms are similar, the same organs and tissues being affected in a like manner; the relationship being one of *similarity*, and not *identity.*

Dr. Dake has practically included in this list of four all the possible relations, and he has included more. What he speaks of as the allopathic relation is really no relation at all. In passing, it is obvious that the law of cure cannot require simply that a drug to be curative must be capable of producing pathogenetic effects unlike the disease effects present. No one believes in allopathy with the definition here implied.

There is in reality no isopathic relation, for

disease effects and drug effects cannot be identical;—no two things can by any possibility be identical. It is well enough to observe in this connection not only that isopathy is impossible, but that, if it were possible, its demand would be such as we could not practically meet. Under its sanction one remedy and only that particular remedy could be indicated in any given case, for *identical* is not a comparable adjective. *Similar*, however, is a comparable adjective, and *similia* recognizes that various drugs may be in various degrees curative in the same circumstances.

II.

We have now advanced to a point where we can say that the law of cure must define the antipathic or else the homœopathic relationship as that by which we may recognize a drug as curative. Let us now consider what claim *contraria contrariis curantur* might make to being the law of cure. What is the contrariety which *contraria* would exact? What is an antipathic drug? There are two distinct meanings with which we use the word *opposite*. We may say that one symptom is the opposite of another, meaning that the two vary in diametrically opposite directions from the standard found in health; as

when we say that a too rapid heart action is the opposite of a too slow, or that the condition of a contracted capillary is the opposite to that of a dilated one, or that a temperature above normal is the opposite of a temperature below normal. Disease effects of which such opposites can obtain seem comparatively few, and probably there is no disease of which, taken as a whole, such an opposite can be predicated. What, in this sense, are the opposites of itching, nausea, headache, inflammation, fatty or other degeneration, rheumatism, pneumonia, typhoid fever? The fact seems to be that there are none. Where such opposites do obtain they seem to be opposites in a very general way only. What particular opposite would the following particulars indicate in a given case of diarrhœa?: blackish stool after which there is a griping pain in the umbilical region —associated with this diarrhœa is a pressive frontal headache with blurring of vision—the headache and blurring disappear when head is tightly bound. I do not see that any one of these particulars (simply as here stated, and without theory as to how it was brought about) could serve as an indication under *contraria contrariis curantur.** Dr. Carroll Dun-

* By way of contrast note that, theoretically at least, each particular of the diarrhœa supposed might serve as an indication for a homœopathic remedy.

ham* is right in thinking that a law of cure implies a capability of endless development in the drug science which it recognizes, and we see that there would be no such thing as a science of drug contraries capable of endless development. We conclude that *contraria contrariis curantur* cannot be the law of cure, if the oppositeness which it would exact be such as we have here defined and illustrated.†

We said that the word *opposite* is used with two distinct meanings. We find it impossible to regard *contraria contrariis curantur* as the law of cure, if by opposites we mean effects varying in diametrically opposite directions from the standard found in health. Using *opposite* with its other meaning we may say that health is the opposite of any disease, and that

* *Homœopathy the Science of Therapeutics*, p. 13.

† *Contraria contrariis opponenda* is an entirely different thing from *contraria contrariis curantur* whose claim to being the law of cure we have been considering. It may at times be well to forcibly oppose or antagonize contraries with contraries (*contraria contrariis opponenda*), but there is no need of a law under which to do that, and I do not know that *contraria contrariis opponenda* purports to be a law of nature—it is simply a rule sometimes applicable in rational practice; and the result of practice with dynamic drugs under this rule is not cure, for the immediate resultant of two abnormal forces (that of disease and that of the pathogenetic properties in a drug) cannot be health. See on p. 95 of this book what is said of a pupil dilated with a mydriatic and then contracted with a myotic—also what is said in foot-note on p. 29 as to the impossibility of radically blotting out disease effects with antagonistic dynamic drugs.

in health is found the opposite of any symptom. If this latter is the meaning with which we are to use the word *opposite, contraria* demands that a curative drug must be one which taken in health would produce health. The *reductio ad absurdum* is complete.

Having first demonstrated that cure cannot be intelligently undertaken unless under guidance of a law defining the relation between unmodified disease effects and unmodified dynamic drug effects, we have now by exclusion demonstrated that no relation other than that of similarity can be the one defined by that law. We are thus obliged either to fix our belief in *similia* as the law, and the only possible law, of cure, or else to give up all attempt to intelligently cure.

Understand, please, precisely what this argument by exclusion has done for us. An argument by exclusion never proves anything unless something is assumed at the outset. We have assumed that there is such a thing as cure, and our argument has brought us to the conclusion that *similia similibus curantur* is the law of cure. One or another of you may say that our argument has been logical throughout, but that we are mistaken in the opinion that there is such a thing as cure. I think you will do well to regard this as a matter of *opinion*. We shall

continue upon the assumption that there is such a thing as cure.*

A practical difficulty which may embarrass one in the treatment of some patients, perhaps very many patients, is that of inducing with drugs effects which resemble in any considerable degree those of many a disease. I think, though, that this difficulty need not deter one from accepting *similia* as law. Some patients may be incurable for aught *similia* says.

*Hahnemann, in arguing for homœopathy, discussed dynamic drugs acting differently from the disease—those acting oppositely to the disease—and those acting similarly to the disease. See Vol. I, p. 10 of his *Materia Medica Pura*, translated by Dr. Dudgeon, with annotations by Dr. Hughes; 1880.

One who does not see that all possible relations between disease effects and unmodified dynamic drug effects are included in 1 and 4 of Dr Dake's list may be helped by the following, which is a presentation in detail of, I think, all such relations conceivable. I think that in our search for the relation which the law of cure would define, we can eliminate the relations represented by starred lines, and that the only unstarred lines represent the relation defined by *similia*:—

☆1. Drug capable of producing effects precisely opposite to the disease effects.

☆2. Drug capable of producing effects similar to precise opposites of the disease effects.

☆3. Drug capable of producing the opposite, health.

4. Drug capable of producing a condition similar to the opposite, health, and having some relation to the disease effects, but affording no similarity to effects opposite to those of the disease.

☆5. Drug capable of producing effects identical with those of the disease.

6. Drug capable of producing effects similar to those of the disease.

Line 1 cannot represent the relation which the law of cure would define, because a drug capable of producing effects precisely opposite to those of disease is as impossible as is an

Little has been done in the science of drug pathogenesy compared with what is still undone: the like might be said of any science. While *similia* is absolute and eternally the same, our ability to practice under its guidance will be ever greater and greater, as the sciences of disease effects and drug pathogenesy are developed. One of the best things that has ever been written on the subject of homœopathy is Dr. Carroll Dunham's essay, "Homœopathy the Science of Therapeutics;" and in that essay Dr. Dunham, having shown that the "Therapeutic Law," by which he means the law of cure, must define the relation between unmodified disease effects and unmodified dynamic drug effects, says truly that the

---

isopathic drug. On isopathy see pp. 23, 24 of this book. Because precise oppositeness between disease effects and dynamic drug effects does not obtain, it is impossible to radically blot out disease effects with an antagonistic dynamic drug. See what is said on pages 94, 95, 96 upon the question of radical antagonism between dynamic drugs.

An antipathic relation which we have already considered under *contraria contrariis curantur*, and eliminated (see pp. 24, 25, 26), is really that here represented by line 2.

There is no such drug as line 3 would exact, or line 5.

The relation represented by line 6 has already been considered and accepted as that which the law of cure must define.

The relation represented by line 4 is the same as that represented by line 6. It is evident that a drug capable of producing a condition similar to the opposite, health, is, if its effects bear any relation to those of the disease and are not similar to the opposites of these latter, homœopathic; for any deviation from health in these drug effects involves, if they bear any relation to the disease effects, a similarity to these disease effects or to their opposites.

first condition of a science of therapeutics is that there be "a capability of infinite progress in each of its elements without detriment to its integrity as a whole." Let me say right here that when we speak of the *science* of homœopathy we do not mean the practice of homœopathy; the practice of homœopathy—the practice of medicine or surgery in any of its departments, unless we except empiricism, is invariably and inevitably an *art*. It is the principles and scientific facts upon which practice is based that constitute medical *science;* just as the building of bridges is an *art*, while the *science* of civil engineering comprises those principles and facts of science upon which the scientific bridge-builder proceeds.

You now understand that a knowledge of two distinct sciences (the science of unmodified disease effects, and the science of unmodified dynamic drug effects) is absolutely essential to the practice of homœopathy.

The following are three ways in which the development of materia medica pura, *i. e.*, the science of unmodified dynamic drug effects in human beings, is effected:

First. By acquisition of knowledge regarding hitherto unknown drugs.

Second. By acquisition of knowledge regarding hitherto unrecognized effects of drugs already known.

Third. By the elimination of errors in the materia medica pura as handed down to us, for it is not to be for an instant supposed that no errors of observation have been committed by those who have worked at this science.

Conspicuous as means toward the development of a knowledge of materia medica pura are experiments with drugs upon the lower animals, but the results of these experiments can never be accepted unquestioned as data upon which to base the curative treatment of human beings; for the dynamic effects of a drug upon one of the lower animals are sometimes very different from its effects upon man,—moreover, as regards subjective effects, human beings alone can describe them. That some animals enjoy a partial or complete immunity from harmful effects of certain substances very poisonous to man is a fact with which you will become well acquainted. "Birds are peculiarly insusceptible to the action of opium or morphine."* "In their sensitiveness to atropine animals differ very much, and as a general rule, herbivora are less susceptible than carnivora.

*Brunton's "Pharmacology, Therapeutics and Materia Medica," adapted to the United States Pharmacopœia by Francis H. Williams, M. D., third edition, p. 851.

Thus the rabit may be fed for days entirely upon belladonna leaves without injury, and many grains of atropine are necessary to kill him. Birds—at least pigeons—I have found will often recover after the hypodermic injection of two grains of atropine, and three grains by the mouth did not prove fatal. A very curious and at present inexplicable fact, which I have repeatedly verified, is that the pupils in pigeons cannot be dilated by the use of belladonna."* Dr. C. D. F. Phillips† cites authority for the statement that goats eat belladonna leaves with impunity. Not only do the dynamic effects of a drug in human beings frequently differ from those in one of the lower animals, but the dynamic effects of a drug in one of the lower animals may be very different from those in another animal of a different class, order, genus or even species. Ipecacuanha is an emetic to men and to dogs, but not to rabbits; the same is true of tartarized antimony. It is probable that caffeine will produce rigor mortis markedly in frogs of one species—little, if at all, in those of another species.‡ Never confound drug pathogenesy with materia medica pura: by the former we mean unmodified dy-

*H. C. Woods "Therapeutics: Its Principles and Practice," eighth edition, pp. 207–8.

†"Materia Medica and Therapeutics," p. 531.

‡See Brunton, pp. 54, 56.

namic effects producible by drugs in animals including man; by the latter we mean unmodified dynamic drug effects in man.

From the foregoing you will see that, while we may look to experiments with drugs upon the lower animals for assistance in developing our knowledge of materia medica pura, these experiments can never take the place of drug-proving upon human beings, —any more than can facts regarding drugs as studied by the chemist, the crystallographer and the physicist, various of which facts may aid us in developing a knowledge of materia medica pura.*

Just here seems the best point at which to speak of certain non-homœopathic, non-curative uses, not yet mentioned, of drugs, which uses are based upon our knowledge of materia medica pura. A pathogenetic effect upon man of atropine is to dilate the pupil. Give atropine to a well man by the mouth, or hypodermically, or locally by dropping it into his eye, and you will find that an unmodified dynamic effect of the poison is dilatation of the pupil, *i. e.*, the drug is a mydriatic. Now when the iris is inflamed, or the lens of the eye is inflamed, there is danger that as a result of plastic exudation there will

* See T. Lauder Brunton's "Introduction to Modern Therapeutics."

occur an adhesion of the iris to the lens which will be a permanent lesion very undesirable. When such inflammation exists, drop a solution of atropine sulphate into the eye, and, the pupil dilating, the free border of the iris is removed from contact with the lens. Keep up this mydriasis until the inflammatory process has spent itself, and you will have forestalled the dreaded adhesion. This certainly is not homœopathic; equally certainly it is not curative; to in any way modify the inflammatory process is not the direct object of such treatment. The object of such treatment is simply prophylactic — to, as I say, forestall the undesirable adhesion. This is an illustration of useful non-curative treatment, based upon our knowledge of a fact in materia medica pura.

Again: give enough opium or morphine to a man in health, and a dynamic effect of the poison will be that he will become benumbed and sleepy; if still more be given, he may fall into a coma. When a patient is suffering from extreme pain, you frequently can with opium or morphine benumb him, so that he will become insensible to the pain until the abnormality of the vital processes has spent itself. This is not homœopathic and not curative treatment; cautiously practiced, it may be useful.

In chronic cases such treatment has not infrequently proved disastrous.

If now, from what I have said, or from previous study of the subject, you have come to feel confidence in *similia* as the only possible law of cure, you can appreciate the wisdom of that reply which was once made to the question, "What remedy shall I give to this patient?" The reply was, "Give the remedy indicated." In no two cases are disease effects *precisely* the same, and each patient should be treated, if we would cure him, with the remedy indicated by the disease effects manifest in *him*. If *B* is cured of syphilis by the use of mercury, it is not because *A* was cured of syphilis by the use of that drug: each is cured, because mercury is capable of producing effects similar to those produced by syphilis in *him*. This illustration should, I think, make perfectly plain to you the fact that statistics regarding results in homœopathic practice may afford *evidence* of the truth of *similia*, but should never constitute our *reason* for the choice of a remedy as homœopathic in a case under treatment. The *reason* for this choice should always be that the medicine chosen is capable of producing in human beings unmodified dynamic effects similar to the disease effects manifested in our patient. The bear-

ing of this truth upon the introduction of proved, but hitherto unapplied remedies, is evident. I advise you to regard as suggestive, rather than as final, whatever I may say upon the therapeutic use, in homœopathy, of individual drugs.

III.

WHAT SHALL WE PROVE?

[Reprint from the North American Journal of Homœopathy for April, 1891.]

III.

WHAT SHALL WE PROVE?

Reason is an ever-ready friend to the drug-prover, as, indeed, she is to one engaged in any reasonable undertaking whatever. She is ready with an answer to the question: *What shall we prove?* and a part of her answer certainly is: *Poisons.*

Now, it happens that some substances with which provers have experimented are not conspicuously poisons: among them are carbo vegetabilis, lycopodium and natrum muriaticum. I tend toward the belief that no one of these three substances is really a pathogenetic agent; and, if that belief is correct, it follows (not as a matter of opinion, but as a matter of fact), that no one of them can possibly be homœopathic in any circumstances whatever. The fact that cures have been accredited to these substances must not be admitted in evidence when the question

is whether they are homœopathic medicines; for pathology (including objective as well as subjective effects) and drug pathogenesy *only* (not therapy) are the fields in which can be determined a question of homœopathicity.

To pick up indiscriminately this, that or the other thing, and undertake a proving of it is to proceed without method and with not the best chance of adding to our knowledge of materia medica pura. Reason says: *Prove substances which unquestionably are dynamic poisons:* by heeding her we shall greatly economize both time and labor.

IV.

HOMŒOPATHY [redacted] EMPIRICISM.

[Presented to the Minnesota Institute of Homœopathy in May, 1891. Reprinted from North American Journal of Homœopathy for July, 1891.]

IV.

HOMŒOPATHY *versus* EMPIRICISM.

The point of which I would speak is so very simple, and has been so urged by Hahnemann (though perhaps not always consistently), and by various of his followers, that some of my hearers will feel that enough has been said of it, and that there is no occasion for again bringing it to the front and making it the subject of even a very short paper. To me it seems that there still is occasion for urging this point, and will be until there is, by all physicians, a practical recognition of it. The point concisely stated, is: In practicing homœopathy, *give the remedy indicated.*

We all know that some of our records of a drug's pathogenesy have been more or less vitiated by the introduction, as drug-effects, of symptoms which are not effects induced by the drug taken in health, but

are disease-effects from which a patient has recovered while under treatment with the drug. So far as in prescribing one is led by such a symptom, his practice is purely empirical. I have no objection to an empirical practice, when it seems the most promising for good to a patient; but I most cordially join with those who are protesting against the vitiation of our records of materia medica pura in the way just cited. These records should be kept pure, and no symptom should be admitted into them on any ground other than that it has been observed as a pathogenetic effect. If results of practice are to be admitted (unspecified) into the same records with the results of scientific investigation in the field of drug pathogenesy, it is merely a question of time when in these records the facts of science and the notions of empiricists will constitute a conglomeration from which it will be impossible to obtain any accurate scientific knowledge; and without accurate scientific knowledge of drug pathogenesy it is impossible to practice homœopathy scientifically, *i. e.*, *with the* (*or an*) *indicated remedy.*

The practice of homœopathy is an *art*, and the perfecting of it must be preceded by a perfecting of the *sciences* on which it is based. One of these sciences is drug pathogenesy, and this science we

should develop in a purely scientific spirit, as eager to discover errors as to discover truths in its records. We should by no means distort or wrench in any particular the facts of pathogenesy, trying to make them harmonize with what an empirical practice might lead us to suppose would be pathogenetic effects of a drug.

Our practice is empirical so far as it is based upon characteristics or keynotes which have arisen from experience in therapy only. A prescription based *only* on such characteristics or key-notes is purely empirical; a prescription may be more or less homœopathic but have an empirical tinge because determined in part by regard for such indications.

V.

EMPIRICISM—RATIONAL PRACTICE —PRACTICE UNDER GUIDANCE OF LAW.

[A Lecture to Medical Students. Reprinted from the North American Journal of Homœopathy for January, 1892.]

V.

EMPIRICISM — RATIONAL PRACTICE — PRACTICE UNDER GUIDANCE OF LAW.

Any given practice with a drug we may, with regard to the dominant character of that practice, classify under one or another of three headings, viz.: Empiricism, rational practice, practice under guidance of law. I say, *with regard to the dominant character of the practice*, for (and to this thought we shall recur) a given practice may be not wholly empirical, not wholly rational, not wholly under guidance of law. I wish to lay before you these three methods of practice, in each of which you will, I believe, find more or less that is good.

EMPIRICISM.—For present purposes I define empiricism as the practice in which one gives a particular drug for the *sole* reason that he believes it (or a

drug more or less similar to it) to have done good in previous cases (or a case) more or less similar to a present one. Please observe that empiricism thus defined does *not* include the hap-hazard giving of drugs without *a posteriori* reason. To assert that no good had ever come from hap-hazard practice in the past would, perhaps, be incorrect. For aught I know the initial practice with any given drug among savage people is hap-hazard, and we all know that some valued practices with drugs are simply in imitation of practices with them among savage people.[1] But I would urge that in civilized lands medical science and medical art have at this day reached a stage of development at which we may well dispense with hap-hazard practice. Consider, for a moment, that for any given hap-hazard practice there is no *particular* reason either *a priori* or *a posteriori;* and you cannot, I think, fail to agree with me that the medical world today should not resort to hap-hazard empiricism. In hap-hazard practice any one substance, whether poisonous or inert and whatever its peculiar properties, would be as eligible as any other substance, whatever the disease affecting a given patient, and whatever the con-

1 It might, by the way, be queried whether, in an initial practice, the savage is not guided by some faculty analogous to instinct.

dition in which that patient might be.[2] Hap-hazard empiricism discontinued, new material as a basis for legitimate empiricism would arise not only from legitimate empiricism itself, but also from our attempts at rational practice, and at practice under guidance of law; for in these attempts we are liable to meet with various practices which we shall continue for the *a posteriori* reason that they seem useful, after it shall have become evident that we were mistaken in regard to some of the data by which we were in the first instance led to adopt them—which data being found incorrect, we can no longer continue the practices as rational or as under guidance of law.

The empiricism which we shall consider (and shall at times call *legitimate* as distinguished from *hap-hazard* empiricism) is, then, that practice in which we give a particular drug for the *sole* reason that we believe it (or a drug more or less similar to it) to have done good in previous cases or a previous case more or less similar to a present one. Before leaving the subject of empiricism I shall assign reasons for believing that the time will never come

2 I am not sure that Brunton would entirely discard hap-hazard empiricism. See p. 3 of his "Pharmacology, Therapeutics and Materia Medica," adapted to the United States Pharmacopœia by Francis H. Williams, M. D., third edition.

when the best physicians will entirely discard empirical practice, but I wish first to impress upon your minds the fact that empiricism is essentially feeble. Its inherent feebleness is due to the fact that empiricism utterly ignores any proper distinction between the *science* of drugs[3] and the *art* (which is therapeutics) of using them. That you may clearly understand what this distinction is, I quote an aphorism from Whewell's *Novum Organon Renovatum.*[4] "*Art and Science differ. The object of Science is Knowledge; the objects of Art are Works. In Art, truth is a means to an end; in Science, it is the only end. Hence the Practical Arts are not to be classed among the Sciences.*" The same thought which Whewell thus expresses has been more concisely expressed as follows: "In *science, scimus ut sciamus;* in art, *scimus ut producamus.*"[5]

Let us for a moment consider some details presented by a slight expansion of the theme that empiricism is essentially weak in that it ignores any

3 Some substances are medicine by reason of physical properties—some, by reason of chemical properties—some, by reason of dynamic properties. The pure science of drugs includes, therefore, facts of physics, facts of chemistry, and facts of pathogenesy. *Materia medica pura* is only that part of the pure science of drugs which deals with their unmodified or pure effects as pathogenetic dynamic agents in man.

4 Third edition, p. 129.

5 Karslake, as quoted under *Science* in Webster's Dictionary.

proper distinction between the science of drugs and the art of therapy.

1st. While it is perfectly legitimate in the practice of medicine to incidentally make observations for the advancement of medical science, it is never legitimate to make the advancement of science the main object of medical practice. That main object should always be to benefit the patient. The main objects of medical practice are (to use Whewell's word) Works.[6] Empiricism, in that it is based solely upon experience in previous practice, has in its foundation no pure science of drugs, the only immediate object of which is knowledge.

2nd. Ignoring the science of drugs, legitimate empiricism uses as foundation material drug facts which have already appeared in its superstructure. The drug facts in its foundation to-day were in its superstructure yesterday, and the drug facts in its superstructure to-day will be in its foundation to-morrow. In the foundation of legitimate empiricism there is pure science of disease, though none of drugs.[7]

6 "The physician's highest and *only* calling is to restore health to the sick, which is called Healing." Opening words of Hahnemann's *Organon*: Dr. C. Wesselhoeft's translation.

7 Though it is characteristic of empiricism to ignore any pure science of *drugs* in a foundation for practice, it is not true that empiricism ignores the pure science of *disease*. In

3d. While empiricism does not look to pure science of drugs for materials to use in constructing a foundation upon which afterwards to erect, as a superstructure, the art of medical practice, she may, and to some extent does, look to pure science of drugs for materials which she would thrust in as underpinning for a superstructure which she has approved. Conspicuous examples of her having done this are to be found in the history of mercury and quinine as medicines. For at least several hundred years either of these has been empirically used—the one being given to syphilitic patients and the other to malarial patients; and to this day empiricism, believing (correctly, I think,) that these drugs are useful to many of these patients, is asking the pure science of drugs why they are useful.

4th. *Theory and practice* is a phrase common in the medical world. Empiricism seems to have (properly speaking) no theory. In defining *theory* Webster says: "The science distinguished from the art; as, the *theory* and practice of medicine." Empiricism has no science of drugs distinguished from

hap-hazard empiricism the science of disease (beyond the recognition of disease in general as distinguished from health) might be ignored; but to legitimate empiricism something of the pure science of disease is essential, for legitimate empiricism involves a recognition of similarity between two or more disease conditions.

the art of using them: it is all practice and no theory; or, for a given empirical practice some theory may be offered, but only such as has been constructed after the practice has been accepted. Cart before horse.

Having shown you that empiricism is essentially feeble, and why it is so, I now ask you not to hastily conclude that you will make no use of empirical practice. We shall presently see that progress in sciences must precede progress either in rational practice, or in practice under guidance of law. Now, as our knowledge of a science can never be complete, there always may arise cases in which we have not the data necessary to a rational practice or to practice under law, and in which empiricism is our only resort; or else cases in which our practice, though in the main rational or under law, is more or less modified by considerations which give it a tinge of empiricism. In a given case, though we have the data for a rational practice or for practice under law, we may choose to follow empiricism as promising better results than either of them. We may hope that, as our knowledge of medical science increases, empiricism receding will more and more give place to rational practice, and to practice under guidance of law.

RATIONAL PRACTICE.[8]—For present purposes I define rational practice as that practice in which one selects and uses a particular drug, for the reason that—in view of certain disease effects present, or proximate causes of those effects (which effects or causes he knows as scientific fact) and of certain physical, chemical, or pathogenetic properties of that drug (which properties he knows as scientific fact)—he deduces from an *a priori* premise that the patient will be benefited by having produced in him one or more of the pathogenetic effects of the drug, or by having produced in his tissues, secretions or excretions one or more effects of the drug as a physical or chemical agent; or by having the drug brought to act as a physical, chemical or dynamic agent upon some proximate cause of disease.[9]

8 It seems hardly necessary to explain that a technical use of the term *rational practice*, does not do away with the ordinary meaning of *rational*. I have given reasons for believing that it is rational to, on occasion, resort to empiricism, and I think it is pre-eminently rational to practice homœopathy, but neither empiricism nor homœopathy is, technically, rational practice as here defined.

9 As I said at the beginning of this lecture, and shall again say at its close, a given practice may be not wholly rational or wholly empirical. Experience in practice may afford an *a posteriori* basis for a practice originally based upon an *a priori* reason — for, for instance, various practices with anæsthetics, anodynes or mydriatics. In my definition the *a priori* element is recognized as a characteristic of rational practice. The major premise is more or less general, and we would by *deduction* arrive at a particular application of it.

In passing I remark that in rational practice it is never amiss to be on one's guard against producing, besides the intended drug effect or effects, other and harmful drug effects.

Let us now consider some of the particular features of rational practice, and contrast them with features of empiricism.

1st. For one feature and contrast see footnote 9.

2d. Rational practice presupposes a knowledge of pure science both of disease and of drugs. Legitimate empiricism ignores the pure science of drugs.

3d. Any given rational practice necessarily involves a definite conception of the *immediate* end sought in the practice. In empirical practice regard is had only to results in previous practice, which results may be remote effects of the medicine. In rational practice one cannot aim at a remote end excepting through an *immediate* end at which he definitely aims.

4th. Rational practice is vastly more worthy of cultivation than is empiricism. The essential superiority of rational practice over empiricism is, I take it, largely due to the fact that rational practice

Contrast this with the fact that to any given empirical practice the reason is *a posteriori* and the reasoning process *inductive*.

(*as a whole*) has the benefit of man's faculty of imagination and faculty for logical deduction (each of which faculties is, perhaps, one of the marks distinguishing man from brute), while empiricism has not that benefit[10]. The exercise of these faculties benefits rational practice *as a whole*, but not every particular rational practice. To a particular rational practice the imagination may be engaged with true ideas or with false, and the deduction may be logical or illogical. A particular rational practice based upon a logical deduction from a premise in itself true may fail of effecting the ultimate end proposed, by reason of some circumstances which the premise did not take into account. A particular rational practice not only may fail of effecting the

10 "*Lastly, physical Investigation more than anything besides helps to teach us the actual value and right use of the imagination—of that wondrous faculty, which, left to ramble uncontrolled, leads us astray into a wilderness of perplexities and errors, a land of mists and shadows; but which properly controlled by experience and reflection, becomes the noblest attribute of man: the source of poetic genius, the instrument of discovery in Science, without the aid of which Newton would never have invented fluxions, nor Davy have decomposed the earths and alkalies, nor would Columbus have found another continent.*" Address to the Royal Society by its President, Sir Benjamin Brodie, November 30, 1859, as quoted by Tyndall in a discourse before the British Association, *On the Scientific Use of the Imagination.*

"If experience is not directed by theory, it is blind." Bacon as quoted by Headland *On the Action of Medicines*, ninth American edition, p. 18.

ultimate end proposed, but may do harm—even great harm; it may even prove fatal. It is exceedingly important to remember this in those instances where a particular rational practice has as its immediate end the production in the patient of pathogenetic (sometimes called *physiological*) effects of a drug.[11] While, then, I speak of rational practice as very decidedly worthy of cultivation, I add that one should never cultivate rational practice excepting with caution. Caution is agreeable to the theory of rational practice, and in the history of rational practice there is ample record of such havoc as one may make if he is not cautious.

While speaking of empiricism I said that in particular cases we may be without the scientific data necessary to a rational practice. The limitation to which rational practice is in a particular instance subjected by such insufficiency of scientific data may be incidental and temporary. I shall wish your particular attention to one limitation inherent in rational practice, but of this I can speak better when we shall have noted a definition of the end sought in any given practice of homœopathy.

11 Calling pathogenetic effects *physiological effects* seems to suggest and foster a false notion. The processes of which physiology, as distinguished from pathology, is the science are normal; pathogenetic effects are *not* normal. See footnote [redacted] of this book.

f on p. 96

PRACTICE UNDER GUIDANCE OF LAW.—A law of nature is a general principle to which there is no exception whatever. Regarded from the standpoint of inductive science, a law of nature is an ultimate fact. Inductive science simply recognizes, or else fails to recognize, a given law as a fact; noting a given law it does not attempt to explain why that law is such as it is.

It has been inferred as a general law "that acids, applied topically, check the production of acid secretions from glands, while they increase the flow of alkaline secretions; the very reverse being the case with alkalies, for alkalies applied to the orifices of glands with acid secretions increase their secreting power; while alkalies applied in a corresponding way to glands with alkaline secretions lessen or check this secretion."[12] If this is a law, it is one by which, it seems, we could be guided in only an exceedingly small proportion of the instances in which medical aid is sought. Furthermore, it does not appear that this purports to be a law of *therapeutics* as distinguished from *hygiene*.

Whatever laws of therapeutics there may be, I shall in a subsequent lecture[13] present to you some

12 *Handbook of Therapeutics*, by Sydney Ringer, M. D., eleventh edition, p. 158.

13 See in this book two lectures upon *Homœopathy the only System of Curative Medicine*.

of my reasons for believing that *similia similibus curantur* is the only possible law of that cure which I define as such modification of the quality of vital processes and their effects that, whereas these processes and effects are abnormal they shall become normal (or approximately so), and that as the immediate (not remote) result of the medicine used.

This is the place at which I shall point out one limitation inherent in rational practice. Rational practice is not competent to attempt the cure which I have just defined, for an essential to that cure is a definite modification of vital processes, and these processes *per se* are unknowable to inductive science. Aside from proximate causes, these processes are knowable to such science only in effects, and a datum necessary to such cure is a law of nature stating the relation between disease effects and the pathogenetic dynamic effects of a curative drug. This matter we shall discuss in detail in a subsequent lecture.[13]

If you will study the definition I have given of that cure at which the practice of homœopathy aims, you may, I think, conclude that, in itself considered, this is the best cure conceivable as an object of practice with drugs.[14] You may care to

14 What is here spoken of as, *in itself considered, the best cure conceivable*, is identical with what in the two lectures upon Homœopathy the only System of Curative Medicine is

sometimes bring that conclusion to bear upon a question often raised, viz.: Why is it that physicians who do not practice homœopathy only, but gladly adopt rational practices and on occasion resort to empiricism, nevertheless identify themselves by name with the particular principle upon which the practice of homœopathy is based?

As *similia* is the only definitely stated principle which I accept as a law of *therapeutics* as distinguished from *hygiene*, I shall devote my further remarks under the present heading to some features of practice under guidance of *similia*, comparing them with features of empiricism and with features of rational practice.

1st. The practice of homœopathy presupposes a knowledge of the pure science of disease *as known in effects;* rational practice *as a whole* presupposes

recognized as *the only cure possible*. It seems to simplify matters to call this alone *cure* as distinguished from results of hygienic measures and of prophylaxis, and from various kinds of palliation. Accepting the broadest definition of *cure*, it is curative to secure quiet for your patient by scattering tan-bark on the cobble-stones in the street, or by stopping his neighbor's boy from playing on a drum—it is curative to bathe his forehead, smooth his pillow or direct his diet—it may be curative to benumb him with morphine, or to kill germs. Under the broadest definition of *cure*, any measure useful to your patient as a patient is curative. To me it seems obvious that the most intelligent consideration of homœopathy's claim is possible, only when the cure at which the practice of homœopathy aims is accurately defined.

knowledge of a *part* of this science, and also a knowledge of proximate causes of disease. The practice of homœopathy presupposes a knowledge of the pure science of drugs *only as pathogenetic agents in man, i. e.*, a knowledge of materia medica pura; rational practice *as a whole* presupposes a *part* of the pure science of drugs as pathogenetic agents in man, and also the pure science of drugs as medicines by reason of physical or chemical properties, and as dynamic poisons to germs, etc. Legitimate empiricism ignores the pure science of drugs, but not of disease. Let us for a moment dwell upon and illustrate these two facts: first, in theory homœopathy could use *all* the science of disease as known in effects, but rational practice could use only a *part* of that science;—second, in theory homœopathy could use *all* of materia medica pura, but rational practice could use only a *part* of materia medica pura.

It seems probable that in the science of disease *as known in effects* there are indefinitely many facts, a knowledge of which could be used in the practice of homœopathy, but not in rational practice. For instance, various facts regarding pain (as the part to which it is referred, the character of the pain, circumstances which aggravate and those which relieve)

may be significant to one practicing homœopathy, but insignificant to one who is administering morphine as an anodyne. It seems probable, too, that indefinitely many facts of materia medica pura available in the practice of homœopathy are not available in rational practice. What use can rational practice make of the fact, according to Moreau as quoted by Stillé[15] that a "'very common feeling,'" caused by cannabis, "'is that of the brain boiling over and lifting the cranial arch like the lid of a teakettle'"? Rational practice can theorize as to whether this drug symptom is due to cerebral congestion or to cerebral anæmia or to some other condition, and can then base a prescription of the drug upon the theory adopted, whatever that may be; but to rational practice the peculiarity of the sensation as here described by Moreau, without theory, is insignificant. Stillé[16] cites authority for the statement that as an effect of cannabis the whole body was the seat of sensations compared with those produced by slight electric sparks, and "an acrid heat was felt wherever the skin was pressed." These symptoms, without theory as to their cause, may be utilized in prescribing cannabis as homœopathic, but not in

15 Stillé's *Therapeutics and Materia Medica*, Fourth Edition, Vol. 1, p. 960.

16 Ibid, 961.

rational practice with the drug. I do not urge that these observations cited by Stillé are correct; I adduce them only to illustrate that there may be facts of materia medica pura which in practicing homœopathy we can utilize without theory as to how they are produced, but which we cannot so utilize in rational practice. Again, it seems probable that many facts of materia medica pura, available in the practice of homœopathy, are because of their violence (if for no other reason) not available in rational practice excepting as warnings not to give too much of a particular poison: inflammation of the kidneys with albumen and casts in the urine—also fatty degeneration of various viscera are, perhaps, among such drug effects. In the theory of homœopathy no objective or subjective effect of a drug *as a dynamic pathogenetic agent in man* is without value as among data by which the drug may be indicated as curative. I believe that the science of materia medica pura is inexhaustible—that thus far the work in its field has been barely begun—and that very, *very* much that purports to be record of drug pathogenesy is erroneous.

2d. In the practice of homœopathy, that similars cure is a general premise from which we would deduce what particular drug (or drugs) will cure in

of a particular drug may be primarily empirical, and that choice confirmed by considerations which seem to afford for the use of the drug in the circumstances a basis in rational practice, or by considerations which seem to show that the drug is more or less homœopathic to disease as manifested in your patient.

Though we may hope to some day discover a law or laws of dosage, no such law is at present known; wherefore, in respect to dosage, no practice is at present under guidance of law. Empirical and rational considerations may both be brought to bear upon questions of dosage.

Let me, before closing this lecture, impress upon you the importance of remembering, in dealing with materia medica pura, that it is a science. I have no doubt that a vast deal of error in our records of materia medica pura is due to the fact that when a patient under treatment with a given drug has recovered from a given symptom, some reporter has assumed that a similar to that symptom could be produced by that drug: thus have arisen what are called "clinical symptoms." Or recovery from a symptom similar to one attributed in pathogenesy to the drug which the patient is taking, has been regarded as evidence that the record of pathogenesy is

correct. Such "clinical symptoms" and "clinical verifications" are legitimate as empirical indications, but have been fruitful sources of error in our records of materia medica pura. Never attempt to wrench the facts of science into conformity with preconceived notions. Materia medica pura is a science, and as such should be developed in a purely scientific spirit without any immediate regard whatever to the therapeutic use of facts in that science.

A CLASSIFICATION OF MATERIA MEDICA AND OF THERAPEUTICS, TO ILLUSTRATE THE FOREGOING LECTURE.* [18]

Materia Medica, the Pure Science of Drugs, the only immediate object of which is Knowledge.

Therapeutics, the Art of Using Drugs, the only not incidental object of which is to benefit patients.

Substances which are medicines by reason of physical properties, *e. g.*:

- Demulcents.
- Lubricants.[19]
- Protective: plasters, salves, ingesta or injecta.[19]
- Mercury *en masse* to overcome intestinal obstruction,[19, 20]
- Mucuna as an anthelmintic.[20]

Substances which are medicines by reason of chemical properties, *e.g.*:

- Acids or alkalies *as such*.
- Neutralizers (chemically) of ptomaines (?)[21]
- Chemical caustics.[19]

Act immediately upon tissues, secretions, or excretions of patient or upon a proximate cause of disease.

- Dynamic parasiticides and germicides.
- Food medicines.
- Stimulants.
- A *part* of materia medica pura.[22]
- The whole of materia medica pura ..... Homœopathy.[24]

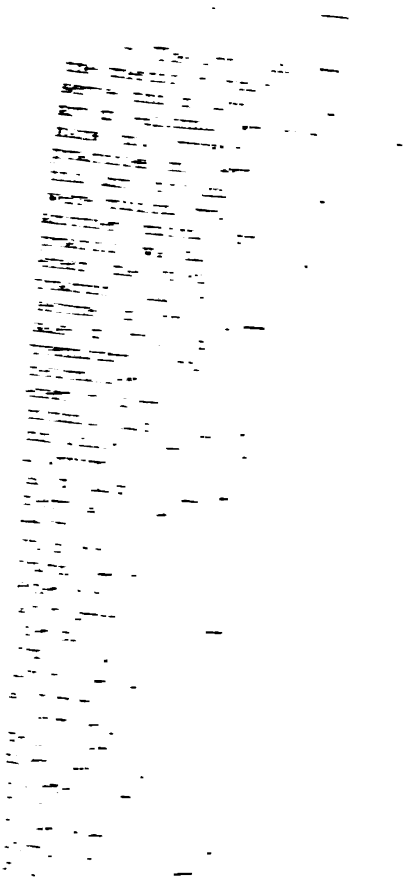
Empiricism.

- Hap-hazard empiricism [we discard]: It ignores any pure science of drugs; it ignores any pure science of disease beyond a recognition of disease in general as distinguished from health.
- Legitimate empiricism: It is characterized by the ignoring of any proper distinction between the pure science of drugs and the art of using drugs; it ignores the pure science of drugs, but presupposes something of the pure science of disease; it involves an induction from an *a posteriori* premise.

Rational Practice: It presupposes a knowledge of *part* of the pure science of drugs, and of *part* of the pure science of disease[23]; progress in each of these sciences must precede progress in the practice; this practice involves a deduction; the major premise is *a priori* and may be true or may be false.

Homœopathy.[24] It presupposes a knowledge of the pure science of disease *as known in effects* and of the pure science, materia medica pura; progress in each of these sciences must precede progress in the practice of homœopathy; this practice involves a deduction; the major premise is *similia*, which we believe to be a law of nature.

*Notes to this page will be found on following page.



A CLASSIFICATION OF MATERIA MEDICA AND OF THERAPEUTICS, TO ILLUSTRATE THE FOREGOING LECTURE.* [18]

Materia Medica, the Pure Science of Drugs, the only immediate object of which is Knowledge.

Therapeutics, the Art of Using Drugs, the only not incidental object of which is to benefit patients.

Substances which are medicines by reason of physical properties, *e. g.*:

- Demulcents.
- Lubricants. [19]
- Protective: plasters, salves, ingesta or injecta. [19]
- Mercury *en masse* to overcome intestinal obstruction, [19, 20]
- Mucuna as an anthelmintic. [20]

Substances which are medicines by reason of chemical properties, *e. g.*:

- Acids or alkalies *as such*.
- Neutralizers (chemically) of ptomaines (?) [21]
- Chemical caustics. [19]

Act immediately upon tissues, secretions, or excretions of patient or upon a proximate cause of disease.

- Dynamic parasiticides and germicides.
- Food medicines.
- Stimulants.
- A *part* of materia medica pura. [22]
- The whole of materia medica pura ..... Homœopathy. [24]

Empiricism.

- Hap-hazard empiricism [we discard]: It ignores any pure science of drugs; it ignores any pure science of disease beyond a recognition of disease in general as distinguished from health.
- Legitimate empiricism: It is characterized by the ignoring of any proper distinction between the pure science of drugs and the art of using drugs; it ignores the pure science of drugs, but presupposes something of the pure science of disease; it involves an induction from an *a posteriori* premise.

Rational Practice: It presupposes a knowledge of *part* of the pure science of drugs, and of *part* of the pure science of disease [23]; progress in each of these sciences must precede progress in the practice; this practice involves a deduction; the major premise is *a priori* and may be true or may be false.

Homœopathy. [24]

It presupposes a knowledge of the pure science of disease *as known in effects* and of the pure science, materia medica pura; progress in each of these sciences must precede progress in the practice of homœopathy; this practice involves a deduction; the major premise is *similia*, which we believe to be a law of nature.

*Notes to this page will be found on following page.

18 The dotted lines connect that part of drug science with the method of practice in the foundation of which it is. Observe that no dotted line connects the science of drugs with the art of legitimate empiricism. 19 Some of these agents are perhaps not, properly speaking, medicines. 20 These old-time practices may serve as illustrations, though I am not aware that any physician to-day would adopt either of them. They were rational practices, but have been discarded, as has many another rational practice. The trouble with the mercury practice was that it was more apt to do incidental harm than to effect the intended good; and the trouble with the mucuna practice, that the drug spiculæ, when moistened in the intestine, no longer possessed those physical properties for the sake of which mucuna was given. 21 Perhaps it would be premature to conclude that no useful practice is possible with neutralizers (chemically) of ptomaines. 22 The benumbing effect of morphine and the mydriatic effect of atropine are, for instance, facts of materia medica pura which rational practice can utilize. Drug effects similar to disease effects supposed at bottom of p. 63 could not be utilized in rational practice. As to facts of materia medica pura which cannot (without theory as to their production) be utilized in rational practice, see pp. 64, 65 of this book. 23 As to facts of disease science which would be insignificant in selection of a drug in rational practice see pp. 62 to 64. 24 Pages 24 to 27 of this book together with note on pp. 28, 29 offer reasons for disbelief in any law of contraries. I see no reason for thinking that there is, other than *similia*, any law of *therapeutics* as distinguished from *hygiene*. Of course there may be some undiscovered laws of therapeutics, but in my chart I let homœpathy appear as synonymous with practice under guidance of law.

Homœopathy is not a part of rational practice. The immediate object of a *rational practice* with a drug as known in materia medica pura is to produce in the patient a definite pathogenetic effect; the immediate object in any given practice of *homœopathy* is to so modify the quality of vital processes and their effects, that, whereas these processes and effects are abnormal, they shall become normal (or approximately so), and that as the immediate result of the medicine used.

VI.

HOW TO STUDY AND HOW TO TEACH MATERIA MEDICA.

[Paper presented at the American Institute of Homœopathy in 1895.
Reprinted from the North American Journal of Homœopathy.]

VI.

HOW TO STUDY AND HOW TO TEACH MATERIA MEDICA.*

1. *What advice do you give concerning Materia Medica to a student beginning medicine by a year's preliminary study?*

It seems to me of the utmost importance that at the very beginning of his course a medical student be made acquainted with the principles of medicine—*all* the principles upon which beneficial practice is based. When the field of medical practice is once clearly mapped out in his mind, the student of materia medica and therapeutics is prepared to intelligently accept all that is good in any system of medicine, and to see that there is no conflict between homœopathy and anything else that is good in medicine; he is prepared to show that a man can

* The questions were proposed by Chairman of Materia Medica Bureau of American Institute of Homœopathy.

consistently be enthusiastic as a homœopathist, and equally enthusiastic in his support of whatever beside homœopathy is good in medicine.

I should advise a student beginning medicine by a year's preliminary study to (either before or simultaneously with his first studies in materia medica) acquaint himself with the various principles upon which the practice of medicine is based. I should show him just what empiricism is—wherein lies its essential feebleness; and should then give him reason for believing that the medical world will never entirely outgrow empiricism. I should show him just what rational practice is—just wherein lies its strength, and wherein its weakness, and that it can never intelligently attempt the cure attempted by homœopathy. I should then show him what the principle of homœopathy is—should define the cure it undertakes, should show that that cure is in a sense the highest cure which it is possible to undertake with drugs, and that it can never be intelligently undertaken in rational practice or in any other way than under the guidance of *similia similibus curantur* as a law of nature. The argument which I presented in favor of homœopathy would be in the main an abstract argument by exclusion, but it would not be entirely such. I should cite some practices more or less

approved which seem to me often homœopathic (as, for instance, that of giving mercury to syphilitics, ipecac to those who are nauseated and vomiting, or jaborandi to relieve patients of sweating), and I might point to the history of homœopathy *en masse* as part of the argument in its favor. In all my presentation to this student I should scrupulously avoid anything like dogmatism. I should endeavor to present facts in such a way that he, without being urged, would seize upon correct conclusions. As for literature upon the principles of medicine, I should advise him to read Carroll Dunham's *Science of Therapeutics*, Dake's *Therapeutic Methods* and some things which I have written upon the subject.

In the course of instruction above outlined, the student will have learned that materia medica is the whole *science* of drugs, and that materia medica pura is the science of drugs as dynamic pathogenetic agents in man. He will have learned that (while it is permissible that "clinical symptoms" and "clinical verifications" should give an empirical tinge to a prescription in general homœopathic) *similia* is the only legitimate guide to a really homœopathic remedy —he will have learned that only in the fields of pathology and drug pathogenesy can a question of homœopathicity be determined.

We may hope that by this time our student shall have so intelligent a regard for pathogenesy that he will read most cautiously, and most critically, anything purporting to be a record of materia medica pura; we may hope that he will want to know pathogenesy, rather than what some one has written about pathogenesy. I should like a text book on materia medica pura schematically arranged, and with numerous references such that each item recorded might be traced to the original authority for that item. I am waiting with great interest to see whether in the forthcoming index to the *Cyclopædia of Drug Pathogenesy* we are to have these schemata and these references. Allen's *Encyclopædia* is schematically arranged, and has references: it is good as a book of reference for advanced students; its chief value is, I think, in showing the insufficient ground upon which are based many items in our text-books. I should not advise the beginner to make much use of this book, for I should want him to learn the grosser facts of drug pathogenesy before giving much attention to the minute points. I think the following named books (and their like) excellent for him who is beginning the study of drug pathogenesy: Taylor's *Treatise on Poisons*, the volume on *Poisons* in Wharton and Stillé's *Medical Jurisprudence*, Reese's *Med-*

ical Jurisprudence and Toxicology. If, before setting this student at the study of pathogenesy at all, we have been successful in our attempt to instruct him in the principles of medical practice, we can serve him by now putting into his hands, not only text-books on materia medica by homœopathists, but also the latest books on materia medica and therapeutics by old-school writers, such as Brunton, Ringer, Bartholow, Stillé, Phillips, George B. and H. C. Wood. With the previous instruction we have supposed, the student should have no difficulty in recognizing under what is in old-school books called "Physiological Action,"* very much that is not pathogenesy (as, for instance, what are perhaps therapeutic effects recorded with pathogenetic under the head of "Physiological Action"), and he will, at the same time, find in these books much useful information upon the subject of pathogenesy. Having had the training heretofore mentioned, he will not, to his dying day, forget that materia medica pura is a *science*, and is to be studied in a purely scientific spirit; he will never forget that any item in what is recorded as materia medica pura purports to be an item of drug pathogenesy, and that, if a question arises whether it is a fact of pathogenesy, the most

* See p. 59 of this book, and footnote [redacted] for p. 96.

critical investigation of the question in the field of *science* (*i. e.*, pathogenesy and never therapy) is always in order. I quote, at second hand, from Tyndall what would be an excellent motto for all provers of drugs, and for all students of pathogenesy or of materia medica pura: "In every one of your experiments endeavor to feel the responsibility of a moral agent.....If you wish to become acquainted with the truth of Nature, you must from the first resolve to deal with her sincerely."

2. *Which is the best method of teaching Materia Medica* (*a*) *for the preceptor to his student*—(*b*) *for the teacher to his classes in the college? Give an outline of your method of studying or teaching a drug in the class-room.*

All that I have said regarding the importance of having a study of principles precede, or accompany from the first, a specific study of materia medica applies to work under a preceptor, and to class-room work, as well as to the work of such a student as was supposed in question No. 1. In teaching materia medica, the preceptor may have scarcely more time to give to his pupil than will be required for directing his reading; but the teacher in the class-room may be expected to devote time necessary for personal inquiry into constantly arising

questions. In teaching materia medica, no less than in teaching the principles of medicine, I should scrupulously avoid dogmatizing upon questionable points. The unquestionable facts of materia medica may be presented to the student with perfect confidence, but in materia medica (and in no department of it more conspicuously than in materia medica pura) there is, and always will be, very much regarding which there is question; a given question may sooner or later be answered, but new questions constantly arise. Dogmatism should have no place in answering questions of science. Discuss these questions with your students, stating the *pros* and *cons* bearing upon each particular point, and try to lead the students to correct conclusions; but let them know that there are, and always will be, many questions unanswered. Don't for an instant let the students suppose that you, or any one else, knows all of, for instance, materia medica pura, or that your opinion or that in a text-book is necessarily final. Teach with confidence the unquestionable facts, but always keep the questionable points distinct from the unquestionable. Hunt down items recorded as pathogenesy to the original sources upon which the record is based, and encourage your students to do the same.

An outline of my method of teaching a drug in the class-room: I first give what seems of interest regarding the origin and history of the drug, its botany or chemistry. When the drug is a serious poison I state the effects of serious poisoning by it, showing to the best of my ability (when there is occasion for so doing) what effects are due to its dynamic properties and what to its physical or chemical properties. I continue the study of its pathogenesy by taking up the old-school writers on materia medica, if the drug is one of which they treat. In using old-school writers I point out that much which they record under "physiological action," is not pathogenesy, and I frequently point out what seems to me a fallacy underlying some one or other recommendation of theirs as to therapy. For (with few exceptions) each drug that I teach I have made out a chart of pathogenesy based upon toxicologies and old-school materia medicas and upon the *Cyclopædia of Drug Pathogenesy*, going over each of these drugs in the *Cyclopædia*, and crediting in my chart those items that come out repeatedly in the *Cyclopædia* records. In these charts I give reference to authority for individual items. Of these charts I made (with a cyclostyle) enough copies to put a chart of each drug into the

hands of each student. Intending the charts as records of pure pathogenesy I do not put into them "clinical symptoms" or "clinical verifications." I think that one who teaches "clinical symptoms" and "clinical verifications" should always keep them distinct from records of pathogenesy. I give instruction regarding such rational practices and such empirical practices as commend themselves to me.

No drug can be a homœopathic medicine unless it is a dynamic poison. This is one of the reasons why I do not lecture upon some substances which are often lectured upon as homœopathic medicines, *e. g.* natrum muriaticum and carbo vegetabilis. Regarding some other substance (as lycopodium), I may say to the class: I hardly think that this is pathogenetic; and if not pathogenetic, it cannot be homœopathic,—but many homœopathists have regarded it as having such and such a pathogenesy and as curative when given upon such and such indications.

There is one set of substances upon whose records as pathogenetic I always look critically and, in the first instance, with suspicion. I speak of substances whose provings are alleged to show that practices accepted before those provings were made were homœopathic. The history of practice with

these substances I try to bring out very clearly in the class-room.

I encourage students to ask questions regarding pathogenesy and to discuss them with me in the class-room, so that for a part of the lecture-hour our exercises often become quite conversational.

3. *Which is the best place for teaching therapeutics*—(1) *hospital,* (2) *dispensary,* (3) *clinic,* (4) *class-room, or* (5) *bedside, and how should it be done?*

Both theoretical and practical teaching must have place. In each prescription purporting to be homœopathic let the indications for the remedy be very definitely stated. Whenever a purely "clinical symptom" is made use of, let attention be called to the fact; also have attention called to any weight allowed "clinical verifications." Whenever a rational practice (as distinguished from homœopathic) is adopted, let the theory for the prescription be clearly stated. Whenever a purely empirical prescription is made, the fact should be stated; so, too, when any empirical consideration modifies a prescription which in the main is rational or else homœopathic, the fact should be stated.

4. *Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?*

I do not teach potency. I advise students to go slow, if they tend to a belief in high potencies.

5. *When should the Organon be taught, and how?*

I do not use the *Organon* as a text-book. I think one can better teach homœopathy without the *Organon* as a text-book than with it.

VII.

NEED OF DEFINITION OF THE END SOUGHT IN ANY GIVEN PRACTICE OF HOMŒOPATHY.

[Reprinted from the North American Journal of Homœopathy for October, 1895.]

VII.

NEED OF DEFINITION OF THE END SOUGHT IN ANY GIVEN PRACTICE OF HOMŒOPATHY.*

A very great need in the medical world to-day is definition of the end sought in any given practice of homœopathy.

It is perfectly well known that a very large majority of us homœopathists do not repudiate practices which we think useful though they are not instances of homœopathy. It also is well known that this fact has been made the occasion for severely criticising us. Now this criticism may not disturb any one of us. A homœopathist, feeling that he knows just what he is about, may ignore this criticism and give himself no concern about the

* Presented at the 1895 meeting of the Homœopathic Medical Society of the State of Michigan.

critic. I think that often to ignore this criticism is to lose an opportunity for saying what might prove very useful.

No homœopathist need experience the least difficulty in clearly and consistently answering this criticism. I believe that if each homœopathist were in the habit of always so answering it, opposition to homœopathy would in the future yield much less slowly than it has done in the past. I believe, too, that the most satisfactory answer to the criticism must include a definition of the cure at which any given practice of homœopathy aims — must show something peculiar to that cure.

I think it would be immensely serviceable to the medical world, if each homœopathist would at his leisure compose or accept a concise, accurate definition of the cure at which any given practice of homœopathy aims—a definition with which he would always be ready and by which he could always stand in showing that an acceptance of homœopathy is consistent with an acceptance of anything else that is good in medicine.*

* See pp. 9, 16, 61 (including note), 66, 67 and 104 of this book.

VIII.

SOME CONSIDERATIONS BEARING UPON PRACTICE WITH DYNAMIC ANTAGONISTS IN CASES OF POISONING BY DYNAMIC DRUGS.

[Reprinted from the North American Journal of Homœopathy.]

VIII.

SOME CONSIDERATIONS BEARING UPON PRACTICE WITH DYNAMIC ANTAGONISTS IN CASES OF POISONING BY DYNAMIC DRUGS.

The dynamic property in a drug I should define as that by which the drug acts *immediately* upon vital processes, modifying their quality. This definition would not, I think, include any property of pure stimulants or of pure depressants (if pure depressants exist), for such stimulants and depressants I picture as modifying the force and rate but not the *quality* of vital processes.* I take it that when modification of vital processes is among the effects of chemical properties in a drug, immediate chemical changes (in tissues, secretions, or excretions) precede such modification; and that physical or chemical changes

* See pp. 20 and 21 of this book, including footnote.

caused by a drug's dynamic properties are secondary to its immediate effect upon vital processes.

We can conceive of two kinds of dynamic antagonism, the one quite distinct from the other. For present purposes let us call the one *superficial antagonism*, and the other *radical antagonism.**

By *superficial antagonism* we mean an antagonism patent in the tissues or functions of the body, but an antagonism between drugs which operate through respectively different (either partly different or wholly different) channels. By *radical antagonism* we mean an antagonism not only apparent in the tissues or functions of the body, but one between drugs which act through respectively (in all particulars) the same channel. Let us for a moment consider whether there really is such a thing as radical antagonism.

Much of medical literature seems to have been written from the standpoint of a belief in radical antagonism. That he who first formulated *contraria contrariis opponenda* used the incomparable adjective *contrarius* seems to imply that he believed in radical antagonism,† and I suspect that many

* We shall not here consider what might be called the dynamic antagonism between health and disease. See pp. 26 and 27 of this book.

† *Superficial antagonism* can obtain in greater or less degree, but *radical antagonism* could not. *Contraria* would be radically, *i. e.*, incomparably antagonistic.

adopting that formula have also believed in such antagonism. I think that radical antagonism does not obtain—that could we, beginning with an antagonism patent on the surface in any one function or organ, trace the action of drugs indefinitely far toward the prime cause of their surface effects, we should always find a lack of the requisites to radical antagonism. But the question of radical antagonism seems to me one perhaps not capable of conclusive demonstration by purely inductive methods. Whatever links in the *modus operandi* of a dynamic drug may have been recognized in an inductive investigation, there always must be unrecognized links beyond. To find, for instance, that through these muscle fibres, or through those muscle fibres, the condition of the pupil under a given drug is determined, is not to get at the root of the matter; nor is the root reached when we fix upon this or upon that nerve, or even nerve-centre, as the one through which the muscle fibres are affected. To demonstrate radical antagonism between a mydriatic and a myotic would be to show them operating through respectively (in *all* particulars) one and the same channel. The word *all* in this connection includes some minutiae which we may still hope to discover, and some which we shall never

discover. A characteristic of science is that it can never exhaust the minutiae of any phenomenon. We have simply expressed the opinion that radical antagonism does not obtain, and given a reason for thinking that its existence could not be inductively demonstrated. One who agrees to this reason may still think that such antagonism exists, though undemonstrable.* To me it seems clear that there can be no such thing as radical antagonism; it would involve exact oppositeness, which I think is impossible between two things,—as is identity.†

Any positive, pure, dynamic effect of a drug (by which I mean a dynamic effect producible in health) is abnormal.‡ I would urge that the immediate

*In this foot-note we depart for the moment from strict adherence to our definitions. Those definitions were not formulated with a view to specially considering whether antagonism radical *in kind* may obtain in one organ or function, and not in *all* those affected by two antagonistic drugs; nor were they formulated with a view to specially considering whether an antagonist acting less deeply than another may still be *in kind* radical. The impossibility of demonstrating radicalness of antagonism at any point would be such as I have just indicated. My opinion is that there is no such thing as radical antagonism between drugs at any point or in any degree.

† See pp. 23 and 24 of this book (remembering that *contrarius* as well as *identical* is incomparable), and footnote on pp. 28 and 29.

‡The fact that in medical literature positive, pure, dynamic effects of a drug are very frequently called *physiological* (instead of *pathogenetic*), or are described under the heading *physiological action*, seems in part a result of, and in part responsible for, a lack of recognition of the fact that such

resultant of dynamic forces in two superficially antagonistic drugs can never be intrinsically the same as a condition found in health,—that, though this resultant may *look* like what obtains in health, the same it is not. To illustrate: Take a normal pupil; dilate it with a mydriatic, and then contract it with a superficially antagonistic myotic; this pupil may now *look* as it did before your experiment began, but is a pupil normal when its condition is the immediate resultant of superficial antagonism between two drugs? I think not. Indeed, is not this pupil farther from normal than it would be under the influence of either one alone of these drugs, even though it would then be dilated or else contracted? If the views here expressed or implied are correct, it follows that in *rational practice** any benefit which we can reasonably expect from superficial antagonism must be something else than a direct re-establishment of normal conditions. There is, I believe, no such thing as a *law of contraries*.†

effects are not normal, but abnormal. Is not the science of drug pathogenesy as distinct from the science of physiology, as is the science of pathology? Is it not as confusing to call pathogenetic effects *physiological*, as it would be to call pathological effects *physiological?* See p. 59 (including footnote).

* For a definition of the term *rational practice*, as here used, see p. 56 of this book.

† See p. 26 (including footnote †) and p. 27 of this book.

Perhaps we may in some circumstances reasonably expect to ameliorate a patient's condition, or even to save his life, by effecting superficial antagonism in a function or organ necessary to life (*e. g.*, the respiration or the heart); but it seems possible to attach an entirely false significance to the fact of superficial antagonism in some function or organ not necessary to life. To illustrate I still again cite drug effects upon the pupil. Bartholow says he agrees with Schmiedeberg "that no example of physiological antagonism could be more exact" than that afforded by muscarine and atropine. Leading up to the statement that "viewed from all sides, these agents are exactly antagonistic," he is citing points of antagonism between them when he says: "On the eye, the contracted pupil of muscarine, due to stimulation of the circular fibres innervated by the third nerve, is opposed by the dilated pupil of atropine, produced by stimulation of the radiating fibres, innervated by the sympathetic."* If, in treating one poisoned by muscarine, our immediate object were (as in the common ophthalmological practice with mydriatics) simply to dilate the pupil, it might be of no moment whether it was through paralysis of the third nerve and circular fibres, or

* Bartholow's *Hypodermatic Medication*, Fifth edition, pp. 311, 312.

through stimulation of the sympathetic nerve and radiating fibres, or through a combination of these, or in still some other way, that the dilatation was effected. But in poisoning by muscarine the contraction of the pupil is not what harms the patient, and there is no advantage in merely dilating it. If it be true that the contraction from muscarine is effected through a channel other than that through which the dilatation from atropine is effected, it may fairly be doubted whether this contraction and this dilatation have any bearing upon the question whether atropine will benefit a patient poisoned with muscarine. We tend to the conclusion that, while it may sometimes be useful to establish antagonism in a function upon which life depends (as that of respiration), the establishment of antagonism in a function or organ not essential to life (*e. g.*, the pupil) may be useless.

I suppose that any drug promising much as a dynamic antagonist in case of drug poisoning, is itself capable of producing serious poisoning. In passing I simply allude to the generally recognized possibility of seriously, even fatally, embarrassing one function or organ with a drug used for the sake of antagonism in some other function or organ. While this possibility is, as I say, generally recog-

nized, the recognition is, I think, more cordial in theory than in practice. I think that *often* due caution is not observed in attempts to relieve with dynamic drugs persons seriously poisoned.

Conclusions at which we arrive, or toward which we tend, are: 1st, That radical antagonism between dynamic drugs does not obtain. 2nd, That any benefit which we can reasonably expect from superficial antagonism between dynamic drugs must be something else than a direct re-establishment of normal conditions. 3rd, That in case of poisoning with dynamic drugs it may be useless to effect dynamic antagonism in functions or organs not necessary to life. 4th, That we should not without the greatest caution attempt to dynamically antagonize dynamic drug poisons.

IX.

AN ADDRESS TO SOME STUDENTS IN A NON-HOMŒOPATHIC MEDICAL COLLEGE.

IX.

AN ADDRESS TO SOME STUDENTS IN A NON-HOMŒOPATHIC MEDICAL COLLEGE.*

1. *Do you believe in trying to ascertain the causation of disease, and in using the knowledge thus gained as a basis for treatment?*

Any cause knowable to inductive science otherwise than in effects is proximate: this is true whether we speak of causes of disease or causes of any other phenomenon. I believe in searching out and avoiding or removing proximate causes of disease by any means not harmful to patients.

*During the college year 1889–90 I accepted an invitation from some students in the Department of Medicine and Surgery in the University of Michigan to speak to them upon the subject of homœopathy. They handed me their written questions some days before the time appointed for our meeting. Their questions and my answers constitute this address.

Proximate causes of disease are various, but there is one factor constant in the production of those effects in which alone (aside from proximate causes) disease is knowable to inductive science: that one constant factor is life. I shall, for our purposes this evening, use the word *cure* as applicable only where, as an immediate result of the medicine used, abnormal vital processes become normal.* Any measure, then, which deals immediately with proximate causes of disease fails of being curative. I believe that it would be futile to attempt to learn so much about disease, as one would have to know in order to cure without the guidance of a law of nature.†

To some of you it may at first seem unjustifiable to use the word *cure* with a restricted meaning as we are at present doing. Words are means by which to express ideas, and we cannot, to best advantage, discuss various principles upon which practice may be based, if we use without definition the same word to express recovery with no treatment, recovery in spite of harmful treatment, results of practice based upon one principle, and results of practice based upon another principle.‡ The cure at which homœ-

* See pp. 9, 16, 61 (including footnote), 66, 67, 89 and 90.
† See p. 21 of this book.
‡ See pp. 89 and 90 of this book.

opathic treatment aims is entirely distinct from results at which, for instance, hygienic treatment aims; and it seems desirable while discussing homœopathy, either to limit the meaning of *cure*, or else to introduce some entirely new word. I think that the idea *cure*, as held by homœopathists, is repudiated by many practitioners of medicine who are not homœopathists.

2. *Do you believe that practice based on any other principle than "Similia similibus curantur" ever cured disease?*

I think you will be more apt to understand homœopathy, if you fix in your minds the idea that homœopathic treatment is invariably and essentially treatment of the *patient*, and aims at the cure of the *patient*.* It is with a definite and, I believe, correct idea that many homœopathists object to expressions such as *cure disease*, *treat disease homœopathically*, etc.

That various practices based on principles other than *similia* may be useful I have no question. Bear in mind the meaning with which we are using *cure*, and you may understand me when I say that I do not believe any practice not homœopathic ever cured a patient.

3. *If disease is to be treated symptomatically, why*

* See p. 10, 11 and 17 of this book.

should the physician trouble himself to learn about physiology, pathology, chemistry, urinalysis and kindred sciences?

Permit me, before discussing this question, to amend it so that it shall read: *If patients are to be treated symptomatically, etc.* If by *symptomatically* is implied that among disease effects subjective symptoms only are admissible as indications for a homœopathic remedy, I say that I do not believe in this restriction. I believe that any unmodified disease effect (subjective or objective) may properly find place among indications for a particular remedy as homœopathic.

In answering this question I shall assume that by *physiology* you mean the inductive science of normal vital processes as known in their proximate causes and in effects, and that by *pathology* you mean the inductive science of diseased vital processes as known in their proximate causes and in effects. Now, the only possible way of recognizing, as abnormal, disease effects (subjective or objective) or unmodified dynamic drug effects (subjective or objective) is by comparison with the effects of normal vital processes. Not only is a knowledge of physiology and pathology essential to the practice of homœopathy at any given time, but endless advancement in those

sciences is among the essentials to endless advancement in the art of practicing homœopathy.* Nothing could be more erroneous than the notion that to practice homœopathy is to ignore science; were it not for the sciences of physiology, pathology and materia medica pura, it would be impossible to even once intelligently prescribe a medicine as homœopathic.

As regards the sciences *chemistry* and *urinalysis*, I would say that only through them can we become acquainted with some disease effects and with some perhaps dynamic drug effects, which disease effects and drug effects may be of value among data for the selection of a homœopathic remedy. To illustrate: albumen and casts in the urine are, perhaps, among unmodified dynamic effects of some drugs. Furthermore, the science *chemistry* acquaints us with various facts upon which useful, non-curative treatment may be based.† The use of *urinalysis* in prognosis may be mentioned.

4. *Would not the perfect homœopathic medicine be such an one as would produce* ALL *the symptoms in the disease for which it is given?*

The word *like* is not synonymous with the word *identical.* Homœopathy is not isopathy.‡ Let me

* See pp. 29 and 30 of this book.
† See p. 20 of this book.
‡ See p. 23 of this book.

amend your question so that it shall read: *Would not the perfect homœopathic medicine be such one as would produce effects similar to* ALL *those of the disease by which it is indicated?* An ideal homœopathic medicine would produce effects similar to *all* those of the disease by which it is indicated. Remember, however, that *similar* is a comparable adjective,* and that a drug may be more or less curative in proportion as it is (in unmodified dynamic effects) more or less similar to a disease. In selecting a similar one may consider similarity between the total disease effects and the total drug effects, but accord special weight to similarity in unusual degree between individual disease effects and individual drug effects.

Either your phrase *the perfect homœopathic medicine* or my phrase *an ideal homœopathic medicine* may serve as occasion for the following remark: In any given case no medicine could be so homœopathic that one more homœopathic was not predicable, which fact is essential to the belief that the art of practicing homœopathy is capable of endless development.†

5. *Do you aim to give, according to this principle, medicines which* DO *produce in the healthy person the*

* See pp. 24, 94 (including note †), and 96 (including note †), of this book.

† See pp. 29 and 30 of this book.

same pathological conditions as are present in the disease?

As I have just said, *like* is not *identical*—homœopathy is not isopathy. I, therefore, amend your question so that it shall read: *Do you aim to give, according to this principle, medicines which* DO *produce in the healthy person pathological conditions similar to those produced by the disease?* A homœopathic medicine is one which, taken in health, does or *would* produce pathogenetic conditions (subjective or objective) similar to those produced by the disease present. I say, "does or *would.*" There is no trouble whatever about inducing in perfectly harmless provings a multitude of definite drug effects; but we cannot, of course, seriously or fatally poison human beings for the sake of learning a drug's pathogenetic effects. Very many of the most marked unmodified dynamic drug effects in human beings, either objective (as tissue changes in the viscera) or subjective are known to us only from criminal poisonings, or from accidental poisonings, among which latter are cases in which poisons when used as medicines have produced serious (sometimes fatal) consequences. There is on record, aside from what we technically call *provings*, a vast deal regarding the most extreme subjective and objective pathoge-

netic effects of drugs in human beings. From what is known of comparative drug pathogenesy we may sometimes with considerable confidence infer from experiments upon the lower animals what would be in human beings effects which we should not be justified in producing in them by one or another drug. Effects thus inferred may be accorded a conditional place when one is considering the claim of a drug as homœopathic in practice upon human beings. From various data we may infer that a drug may have such and such pathogenetic effects,—as when we infer from its action on one organ or function what its action on another organ or function may be. To the extent that a practice is based upon such inference it of course is not homœopathic, if the inference is erroneous.

6. *Does the homœopath of the present day practice according to the principles laid down by Hahnemann in his Organon?*

7. *If not, why not?*

8. *If not, in what respects have the principles changed, and why have they so changed?*

These three questions I shall consider together, beginning with the remark that principles *never* change. It is quite possible that Hahnemann regarded as principles some things which are *not* prin-

ciples. Of various principles there is but one which is to-day recognized by all homœopathists, and is at the same time distinctive of homœopathy; that principle is what the word *homœopathy* implies, viz.: *Similia similibus curantur.* In accepting that principle homœopathists are at one; regarding various other matters they are not at one. Conspicuous among the questions upon which homœopathists differ among themselves, is that of dosage. I think that the opinion of most homœopathists to-day is that dosage is still a matter of experience only. An idea which some homœopathists have expressed is that there is a still undiscovered law of dosage. This idea strikes me as reasonable; indeed, would it not be unreasonable to believe that there is not and cannot be a law of dosage?

Do not suppose that homœopathists regard *similia similibus curantur* as a thing invented by Hahnemann; no, we regard it as a law of nature—a principle true in the very nature of things, and discovered, not invented, by man.

9. *Do you believe that the power of a medicine to modify disease lies in its chemical affinities, or is it due to some power which uses the medicine as a vehicle?*

Chemical affinities are not matter: *they* use matter as a vehicle. So of physical properties — so of

dynamic properties: none of these properties is matter—each of these properties uses matter as a vehicle. A medicine may be used for the sake of its physical properties (*e. g.* demulcent drinks), or for the sake of its chemical properties (*e. g.* acids or alkalies to change chemical reaction of gastric juice already in the stomach), or for the sake of its dynamic properties. Dynamic properties in a drug are those which render it an immediate modifier of the *quality* of vital processes. Please understand the force of the word *quality* in this definition: I shall illustrate it by what I suppose is true of effects upon an adult's heart of, on one hand, half an ounce of brandy—and, on the other hand, ten drops of the tincture of digitalis. The brandy would simply affect the *force* and *rate* of the heart's action: if the *quality* of that action had previously been normal, it would still be normal; if the *quality* had been abnormal, it would still be abnormal. The digitalis would modify not only the *force* and *rate* but also the *quality* of the heart's action.*

The reason why we homœopathists talk so much about the dynamic power of drugs is that we believe a drug can be curative only by reason of its dynamic

* See pp. 20, 21 (including foot-note) and 93 of this book.

properties. Homœopathy does not speak of drugs otherwise than as dynamic agents.*

10. *Do you believe that trituration adds any power to a medicine other than to make it more quickly and easily assimilated?*

I rather think that trituration affects a drug (as a dynamic agent) merely by subdividing particles, and thus putting them into a condition in which their dynamic properties are more effective. I question, by the way, whether a medicine in inducing its dynamic effects is assimilated.

11. *Supposing that some definite chemical poison were proven to be the cause of an acute disease, would a you (a) still treat the disease symptomatically, or would you (b) try to find and use a chemical antidote?*

Curative treatment is invariably a treatment of the patient with a remedy homœopathic to disease as manifested in him. Curative treatment is never an immediate attack upon a proximate cause of disease. If I proposed to cure a patient in the circumstances supposed, I should treat him with the medicine which seemed most homœopathic to disease as manifested in him. Now, aside from curative treatment, if I definitely knew that a chemical poison were the proximate cause of his disease,—if, too, I accurately

* See pp. 21 and 22 of this book.

knew the chemistry of that poison, and accurately knew a chemical antidote,—and if, moreover, I knew that the chemical antidote would be harmless to my patient, I should have no objection to trying such antidote. Successful treatment with that antidote would not be curative.

I take it that this question is asked in view of the theory, perhaps we could safely say *fact*, that in some instances disease is due to bacteria and ptomaines as proximate causes. I understand that those who have most studied this particular subject regard as unpromising any attempt to kill bacteria or to chemically antidote ptomaines by introducing germicides or chemicals into the patient's circulating blood, without harming the patient. I am not much drawn toward schemes for administering internally chemical antidotes to chemical poisons in the circulating blood or other living tissue of the body, but I shall be glad if any who are so drawn shall in the future have developed some useful practice.

12. *Do you think that a medicine can act as a chemical antidote when given in the third dilution on a scale of X, when the poisoning has been sufficient to produce symptoms such as are found in the severer forms of scarlet fever, small-pox, and septicaemia?*

As a chemical agent, the force of one drug in its

third decimal dilution might differ greatly from the force of another drug in its third decimal dilution.

Upon inquiry I learn that this question is asked in view of ptomaines. To confidently and finally answer to it either *yes* or *no*, with, among other things, a view to the patient's safety, would imply a greater knowledge than I possess (and, I think, than anyone possesses) of various sciences. This question, by the way, has nothing whatever to do with the subject of homœopathy.

Your allusions to "the germ theory of disease" suggest the following: I think we should be safe in concluding that germ killing by internal administration of germicides, could never rank very high among arts. Supposing that there is ahead of us the discovery of a germicide with which it will be possible and practicable to, for instance, by internal administration kill typhoid germs; what are we to do for our patients meantime? Furthermore, it is supposable that, when such a germicide had become known, the art (so far as concerns typhoid fever) should be perfect. One reason for my belief that the practice of homœopathy will forever rank very high among arts is, that it recognizes a constant law under which a remedy may be more or less curative, and under which the art is capable of endless development; for

in no case could a medicine be so homœopathic that one more homœopathic was not predicable.

13. *In your provings do you refer to the symptoms produced by dilutions, moderate sized, or decidedly toxic doses?*

Proving is used by homœopathists as the technical name for an experiment in which a dynamic poison is given (in whatever dose) to a human being in health with a view to ascertaining what are unmodified dynamic effects of that poison: obviously such experimentation can be practiced only within limits. Aside from provings, there is on record a vast deal regarding unmodified dynamic effects in human beings of poisons taken in such quantities as to induce alarming or fatal effects. I believe it is proper that any unmodified dynamic effect producible by a poison in human beings should have a place in the materia medica pura, and should have due weight when one is considering the use of that poison as a curative medicine.

14. *Do you believe that certain drugs have a more potent action upon disease (functional or structural) affecting one side of the body than upon the other?*

If so, how do you explain the belief that medicines, entering the system through the same channels, passing

into the circulation have the power to select the right or left side of the body (as the case may be)?

Let me preface my answer to these two questions by remarking that whether a drug may affect one side, rather than the other, of the body is a question of great interest, but is entirely aside from a question whether *similia similibus curantur* is the law of cure.

From the form in which these two questions are put I infer that they are asked by one who thinks there is *a priori* reason for believing that a drug's dynamic effects cannot be evidenced in one side, rather than the other, of the body. Why should they not? Of food which enters the stomach why does one particle go to the bones, another to the muscles, another to the nerves, another to the hair, etc.? I do not know in detail; nor does any man. Why are conspicuous dynamic effects of one drug manifested in bones—those of another in nerves—those of another in the kidneys—and those of still another in the lungs? Again, I do not know in detail. That the functions of one side of the body are not identical with those of the other side may, I suppose, be taken as proved. Why are most people right handed? I suspect that there is some definite reason for the prevalence of right-handedness—that it is not simply a matter of chance. Do you think there is any *a*

priori ground for concluding that the center for one function may not be in one hemisphere of the cerebrum, and the center for another function in the other hemisphere? Is Broca's center usually on the left side? The foregoing may raise in your minds a doubt as to whether there is any *a priori* reason whatever for assuming that a dynamic poison may not affect one side, rather than the other, of the body. Let us, then, regard the question *whether a drug may affect one side, rather than the other, of the body* as merely a question of *fact;* and to determine this question of fact I know of no way more promising than to consider the evidence already on record, and to further experiment with drugs upon living beings in health with a view to observing what, as matter of fact, are unmodified dynamic effects producible by drugs.

A part of what I regard as conclusive argument that one cannot intelligently cure unless under guidance of law is the fact that, excepting in proximate causes, inductive science can know drugs, as dynamic agents, or disease only *in effects;** this, though disease effects may be proximate causes of other disease effects. To the question: *if a drug's dynamic effects may be manifested on one side, rather than on*

* See pp. 21 and 22 of this book.

the other, of the body, how do you explain the fact? I should reply: I do not explain it.

15. *If you gave quinine in malarial fever, in what doses would you give it? Do you give any form of mercury in syphilis? What symptoms call for its use according to the principle of "Similia similibus curantur?"*

If a homœopathist concludes on purely *a posteriori* grounds (as I do not) that quinine is of benefit to all malarial patients, he is entirely at liberty to empirically give quinine to such patients in whatever doses he thinks experience has shown most useful. Aside from this purely empirical practice, a homœopathist may give quinine to a malarial patient in the hope of killing germs in the circulating blood.* Again: a homœopathist may give quinine to a malarial patient in the hope of supplying to the tissues a substance which was present in them in health, but is absent from them under the influence of malaria; I believe, however, that the latest reports do not encourage one in this hope.† Still again: there are, I believe, some homœopathists who regard cinchona (or quinine) as homœopathic to malarial

* See Biddle's *Materia Medica and Therapeutics*, thirteenth edition, p. 159.

† See H. C. Wood's *Therapeutics: its Principles and Practice*, ninth edition, p. 639.

fever in its commonest manifestations. I do not so regard it. If I were giving pure quinine to a malarial adult, I should be apt to begin with 2 gr. doses. I probably should not give pure quinine, until I had first tried the first centesimal trituration of china (*i. e.*, cinchona).

You ask: *do you give any form of mercury in syphilis?* I should very cordially disapprove of a routine practice of giving to all syphilitic patients mercury in amounts sufficient to induce extreme pathogenetic effects, but I agree with those who believe that to syphilis in many of its manifestations mercury (either the metal itself or various of its salts) is more or less homœopathic. Among disease effects by which it may be indicated as homœopathic to syphilis I mention general cachexia with abortions or premature births, swelling of lymphatic glands, swelling and inflammation of periosteum and bones, some cutaneous eruptions and falling of the hair. Regarding similar effects from mercury, which are markedly induced among those constantly exposed to mercurial vapors (as are those engaged in various arts), there is considerable record. Of such records I know none better than that contained in Stillé's *Therapeutics and Materia Medica.** Read all that

* Fourth Edition, Vol. II.

Stillé says regarding the pathogenetic effects of mercury, and you will find your present question (what indicates the drug as homœopathic to syphilis?) pretty well answered. From what he says I quote: "It has long been a question, and is one not yet "fully determined, how far mercury may operate to "produce disease of the bones. The tendency of "syphilis to develop these affections is well known, "and also the great frequency of their occurrence in "syphilitic cases treated by mercury, yet it is certain "that they sometimes follow the administration of "this medicine in cases wholly free from a syphilitic "taint. Mercurial nodes, it is said, precede the ulcers, "and the destruction of tissue proceeds from with-"out inwards. They most frequently are seated in "the spongy bones of the base of the cranium, or in "the ends of the long bones. (*Canstatt*).

"Mr. Spence reports the case of an old woman "who had never been affected with syphilis, but had "taken large quantities of mercury. After suffering "from pains in the head, ulceration began in the soft "parts over the os frontis, involving the bone and "dura mater, and ultimately exposing the brain. "After death an abscess was found in the substance "of the brain."

The following is from S. O. L. Potter's *Materia*

Medica, Pharmacy and Therapeutics:* "Indeed, as "Dr. Ringer said in the earlier editions of his *Hand-* "*book of Therapeutics*, the phenomena produced by "mercury are singularly similar to those which will "result from syphilis, and the serious symptoms "known as secondary and tertiary syphilis can be pro- "duced both by syphilis and by mercury." Wharton and Stillé in their work on *Medical Jurisprudence*† quote a statement that " 'Syphilis alone can be confounded with chronic mercurial poisoning.' " My impression is that not only in various books on materia medica, but also in periodical medical literature you may find, both from homœopathists and from non-homœopathists, a good deal regarding the similarity between effects of syphilis and unmodified dynamic effects of mercury in human beings.

16. *If you do not give mercury in spyhilis, do you give minerals in any disease? Do you give opium in any form?*

There are many minerals which are dynamic poisons: some of them have been conspicuously used as homœopathic ever since homœopathy became known.

Opium in various dilutions or triturations has

* Page 220.

† Fourth Edition, Vol. II, p. 210.

been much used as homœopathic, where disease effects were more or less similar to unmodified dynamic effects producible by opium in human beings.

Aside from curative treatment, one may use opium as an anodyne, *i. e.* to benumb a patient, and render him insensible to pain. Without regard to what is the proximate cause of a given pain, or to what part of the body is affected, you sometimes may by inducing in your patient more or less insensibility as a pathogenetic effect of opium (or morphine) render him insensible to pain. This pathogenetic effect of opium may be precisely the same in a person diseased as in a person well, and to induce this effect in a patient is to poison him to some degree—an entirely different thing from curing him. I believe it is sometimes useful to cautiously and within bounds thus poison a patient with opium or morphine; but I need not tell you that when the immediate object of our practice is to poison a patient to some degree, we should be exceedingly careful not to harm him.*

17. *What relation do you think that Homœopathy as practiced at present bears to the so-called old school practice?*

* See p. 59 of this book.

My belief is that *similia similibus curantur* is a law of nature, and I answer this question from my standpoint in that belief. The practice of homœopathy, at any given time, is the use of medicine under guidance of *similia*, and at no time can that practice (unless incidentally) bear any relation whatever to any practice with medicines to which *similia* has not been the guide.

One may frequently be asked, *don't you think that the two schools are coming nearer together?* That to-day homœopathists are, more than formerly, availing themselves of various practices which are distinctly *not homœopathy*, and that the so-called old school has discontinued many harmful practices, and is in some instances *empirically* using medicines which are somewhat homœopathic is true: but these resemblances are all on the surface of things, whereas the essential of homœopathy (*similia* as law) is not on the surface, and it does not occur to me what could be adduced as evidence that the so-called old school as a body is in the least disposed even to admit that perhaps *similia's* claim is just.

Each of you may have heard from one or another so-called old school physician an expression of the opinion that there should be no distinct bodies in medicine—that all properly qualified physicians

should belong to one body and fraternize in societies. Such expressions on the part of individuals are interesting and, I think, significant; but there can be no live question regarding fellowship of homœopathists and the so-called old school in a common society, so long as the so-called old school as a body is unwilling to fraternize with any man until he shall have declared, over his signature or by word of mouth, that he does not believe in or intend to practice homœopathy, or shall have declared something to that effect. Membership in a society cannot make or unmake a homœopathist, and I take it that no kind of co-operation between the two bodies can obtain without provision for absolute freedom as to all thought and work relating to homœopathy. If I correctly understand the existing condition of things, the so-called old school as a body, having constituted itself an agent exceedingly powerful for the crushing-out of homœopathy and for obstruction to its progress, is still exerting itself to accomplish this work through legislation, through the press and through the influence of its individual members. I raise no question but that the so-called old school is proceeding in this matter in the belief that the measures it adopts are calculated to subserve the best interests of mankind and of the medical profession. It may

be presumed that the so-called old school will as a body make the fact known, if at any time it shall have come to pass that they want the co-operation of homœopathists in matters aside from homœopathy.

If you are in the habit of thinking that homœopathists are exclusive, and that the so-called old school is not, please consider whether your views upon this point should be revised, or perhaps abandoned and replaced by different views.

From some of your questions I infer that perhaps each of you might say what one or another of you has said to me regarding himself, viz.: that he has not given any particular attention to the subject of homœopathy, and feels that really he does not know much about it. If you do not know much about homœopathy, the fact is not surprising; nor would I allude to it in any reproachful way; your thought and studies have lain in other directions, and I am exceedingly glad that you have in the subject of homœopathy an interest such as the circumstances of my presence with you this evening imply. The bearing of this paragraph is upon what may still be a question in your minds, viz.: whether in the present state of opinion regarding homœopathy, it is wise to exact as prerequisite to admission into societies intended not only for physicians of age

and experience, but also for physicians who have just received their degrees, any declaration, pledge or promise which could embarrass one in determining his attitude toward homœopathy.

I do not know that in the whole controversy over homœopathy there has developed anything more remarkable than the proposition that homœopathists should retain the idea *homœopathy*, and annihilate the word *homœopathist*. In an address before the Rhode Island Medical Society, in 1886, upon "The past, present and future Treatment of Homœopathy, Eclecticism, and Kindred Delusions which may hereafter arise in the Medical Profession," Dr. Henry I. Bowditch said: "Let members of either of these "sects join our State Societies, provided they prove "to the State Examiners or Censors that they have "studied medicine a proper length of time and are "able to pass the examination required of all appli- "cants for admission, and provided moreover they "agree to cease to call themselves by any peculiar "name because they desire to enroll themselves as "members of our time-honored profession." I cannot think that the least improvement upon the present state of affairs would be effected by an agreement among homœopathists not to call themselves homœopathists.

The words *homœopathy*, *homœopathic*, *homœopathist* (or *homœopath*) occur, as matter of course, in Dr. Bowditch's address, in your questions to me, and in my answers to you: to abolish any one of those words, were such a thing possible, would, to say the least, seriously embarrass both homœopathists and the so-called old school in advocating their respective views regarding the claim of *similia*. To me it seems probable that the name *homœopathist* will distinguish those who believe in *similia* from those who do not, until a time when *similia* is generally recognized, and when physicians are, as matter of course, homœopathists: after such time the word *homœopathist* would perhaps be superfluous.

How much does the so-called old school practice of to-day resemble homœopathy? I do not propose telling you that the so-called old school practitioners sometimes with ipecac relieve a patient of vomiting, and sometimes with jaborandi relieve him of sweating, or to search out various instances in which they use medicines which are more or less homœopathic. What I do propose telling you is that, so far as I am aware, such practices in the so-called old school are purely and simply *empirical* and in no recognition whatever of *similia*. Farquharson says of ipecacuanha:

"A most remarkable fact in the action of this drug is its power, when given in small doses, of checking *vomiting*. . . . At present this must be looked upon as one of the enigmas of therapeutics."* Would it not be reasonable to let *similia* play some part in the solution of this particular enigma? I could easily construct from writings upon therapy by Brunton, Ringer, Bartholow and various representative men in the so-called old school many an enigma to which *similia* would seem a more or less satisfactory answer; but I do not know from what man in the so-called old school I could cite an intimation that perhaps *similia* is what we believe it to be, viz.: the only possible law of cure—a law to which should be accorded a place of command—the only law which can point out the way of future progress in curative medicine. You may frequently hear that there are various laws of "cure"—that *similia* is one of them, and that this has been recognized in the so-called old school since the time of Hippocrates. One cannot speak of various laws of "cure," if by "*cure*" he mean the definitely specified thing which we this evening mean by *cure*. What practical effect is there in the so-called old school of any belief that *similia*

* Farquharson's *Therapeutics and Materia Medica*, second American edition, adapted to the U. S. Pharmacopœia by F. Woodbury, M. D., p. 291.

is even *a* law of "cure"? A law is of no use in so far as it is merely recognized *a posteriori;* knowledge of a law becomes useful when that law is recognized as *a priori* ground for action. Does any one of you know a so-called old school physician who ever said to himself: *in my treatment of this patient I shall be guided by* SIMILIA, *one of the laws of "cure"?* My belief is that in the so-called old school as a body there is no useful recognition whatever of *similia* as even *a* law of "cure."

You may hear a so-called old school physician say that he is willing to use a homœopathic medicine on sufficient evidence that it is useful. To base practice simply on evidence is empiricism. If in a given case I prescribe a medicine, simply because Hahnemann or Bœnninghausen or some one else attributed a cure to the same medicine in like circumstances, the medicine may be more or less homœopathic to disease as manifested in my patient, but my selection of it is purely empirical. To intelligently select medicines because of their homœopathicity, involves in each case a study of disease as manifested in effects and a study of the pathogenetic dynamic power of drugs as it is manifested in effects. In a practice of simply following precedents there can be no intelligently

devised progress: in practice under guidance of *similia* there may be endless progress intelligently devised.

I have quoted Farquharson to the effect that the power of ipecac, when given in small doses, of "checking *vomiting*" must at present be looked upon as one of the enigmas of therapeutics. It is intrinsic in empiricism to regard benefit derived from any drug in any circumstances, as an enigma. When one of these enigmas is correctly solved, future practice based upon the facts which correctly explain the enigma is not empiricism, for it is based upon *a priori* reason. To correctly explain an accepted practice empirically hit upon may help us to a generalization upon which other practices may be based, but as regards the particular practice explained the explanation is of no use whatever. For instance: if one accepts *a posteriori* as facts, that quinine is *the* medicine for malarial patients, and that mercury is *the* medicine for syphilitic patients, enough said:—so far as concerns the treatment of these patients, if one knows *the* medicines for them, it makes no difference why these medicines help, and it would be merely a useless accomplishment to be able to explain why they help.* It is two hundred and fifty

* See p. 54 of this book,

years since cinchona was introduced into Europe as of use in practice among malarial patients; how long before that it had been used in Peru I do not know: it is perhaps more than three hundred and fifty years that in Europe mercury has been regarded as of use in practice among syphilitic patients, and it is said that syphilitic patients were treated with mercury by the Malabar physicians as early as the ninth century.* Those who empirically follow the practices cited (with cinchona or quinine, and with mercury) are to-day more or less interested in attempts to solve the enigmas to which these bits of empiricism have respectively given rise. In these two instances is conspicuously illustrated the fact that empiricism regards the practice of medicine as an *inductive science*, and not as an *art* based upon a knowledge of subsidiary sciences. To settle down content with empiricism is, I believe, to become a dead-weight to all effort at intelligently devised improvement in the *art* of practicing medicine.

I wish to make a few suggestions which I think you may find useful, if in your investigation of homœopathy you are approaching the subject by observing the practice of homœopathists. Much of that practice is palliative, prophylactic, etc., and

*See Stillé's *Therapeutics and Materia Medica*, fourth edition, vol II, p. 742.

has nothing to do with homœopathy. Furthermore, in our efforts at curative treatment we may in a given case, because of errors in our records of materia medica pura, use as homœopathic a medicine which really is not homœopathic. Doubtless the errors in our records of materia medica pura are very many: you may be sure that provers have even attributed pathogenetic properties to some substances which are not pathogenetic agents,* and it would be well for you to understand that the truth of *similia* does not depend upon the accuracy of provers. When, in your investigation of the principle, homœopathy, you scrutinize the practice of a homœopathist in a given case, you will do well to first determine whether that practice is intended as homœopathic; and, if it is so intended, to next determine, by a study of disease effects manifested in the patient and a study of drug pathogenesy, whether the practice intended as homœopathic really is homœopathic; and, if it really is homœopathic, to then determine in what degree it is homœopathic.† I believe that homœopathy is without flaw, and that you will find it much more profitable to study homœopathy than to study homœopathists.

* See pp. 39 and 40 of this book.

† See what is said on p. 24 of this book as to the significance of *similar's* being a comparable adjective.